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UNIVERSITY OF ALBERTA

EVALUATION OF THE CURRICULUM OF A NURSING REFRESHER PROGRAM

BY

CHERYL BARABASH-POPE

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF EDUCATION

IN ADULT AND HIGHER EDUCATION

DEPARTMENT OF ADULT, CAREER AND TECHNOLOGY EDUCATION

EDMONTON, ALBERTA

SPRING 1990

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FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled EVALUATION OF THE CURRICULUM OF A NURSING REFRESHER PROGRAM submitted by Cheryl Barabash-Pope in partial fulfillment of the requirements for the degree of Master of Education.

Supervisor

Paula Brook

Olive Yonge

Date: February 26, 1990

ABSTRACT

This evaluative study was designed to determine if students and instructors who were involved in teaching the nursing refresher program perceived that the program was able to meet the personal and professional needs of the nurse who is returning to the profession after a prolonged absence. An additional aim of the study was to determine overall program effectiveness. The Torres and Stanton (1982) model for curriculum evaluation provided the framework for the evaluation and emphasis was placed on the final output stage of the model.

To assist in this evaluation, two questionnaires for students and instructors were designed and piloted. Following this, three of the most recent classes of nursing refresher students (a total of 36 students), and two instructors who had most recently taught in the program were asked to participate in the study. Each of the questionnaires was divided into four sections and consisted of approximately 50 closed ended and 10 open ended questions. Part I asked questions which related to the educational activities of the program (including theory and clinical components); Parts II and III consisted of questions which asked if the refresher program was able to meet the personal and professional needs of students; and Part IV was designed to elicit overall impressions of the program utilizing an open ended question format. Parts I, II, and III of the questionnaires consisted of closed ended questions whereby a four point Likert-type rating scale was utilized. A total of 30 student and two instructor questionnaires were returned. In addition to the use of questionnaires, one group interview was conducted with students from the class of June, 1989; six individual interviews with three students from the class of June, 1989; and three interviews with students from the class of June, 1988. Two individual

instructor interviews were also conducted. The format utilized for all the interviews was semi-structured in nature.

The findings from all these sources were combined and indicated that students and instructors both felt that the personal and professional learning needs of the students were effectively met and these were in fact found to be among the major strengths of the program. Overall, the findings indicated that the program was an extremely worthwhile and effective course and should definitely be continued. As with most programs however, there were several areas of concern which resulted in suggestions for improvement in the refresher program. These suggestions are cited in the study and are based on the aggregate data accumulated from all sources. Several additional findings arose from the study which were not anticipated by the investigator. These included comparisons between this refresher program and the only other refresher program offered in Alberta. Since this refresher program was in danger of being terminated, it was felt that these findings were important enough to warrant inclusion in the study.

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Finally, I would like to thank my family and friends for their support and patience through the past two years. I would like to dedicate this project to my husband Kelly for his love and endless understanding and my children Lara, Devin, and Nicole in the hopes that they too will experience a similar love for learning.

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CHAPTER I

INTRODUCTION

With increasing emphasis on responsibility and accountability in both the fields of education and nursing, the area of evaluation is receiving considerable attention by nurses and nurse educators who function in these settings. The outcome of educational evaluation of programs in nursing may assist in determining budgets and the type of learners served in these programs, assist in the improvement of programs, or result in the termination of an educational program. Ongoing systematic evaluation has very much become an important part of the nursing profession. In fact, evaluation has become an expected activity in both the development and delivery of most educational programs in nursing.

The following study will focus on such an evaluation of a nursing refresher program located in a large health care institution. In particular, the study will focus on the curriculum of this program. Since participants in all nursing refresher programs come from diverse educational and personal backgrounds, it is a major challenge to ensure that the content is relevant to current theory in the practice of nursing. The systematic information provided by an evaluation can assist with this process and is a worthwhile endeavour (Faulk, 1984).

Setting of the Study

This evaluative research study examined the nursing refresher program at a large health care institution located in Edmonton, Alberta. The proposal was developed in response to a jointly expressed need for a program evaluation by the Director of the Nursing Education and Research Department and the Nursing Refresher Program Co-ordinator. Both these individuals will hereafter be referred to as the client.

The hospital has administered the nursing refresher program for 25 years. While the program is very well regarded by both student and employers, the program has never been formally evaluated. The writer and a colleague did however evaluate the clinical component of the program in May, 1988. At this time it was discovered that a more extensive evaluation of the program was warranted and recommendations to this effect were provided to the client.

A major curriculum revision of the nursing refresher program was completed in 1982. Since that time there have only been minor adjustments made to the program. In addition to the fact that the program has not been formally evaluated, three other important factors have contributed to the expressed need for a more extensive program evaluation by the client. One of these factors is a move to a new physical facility in which both the classroom and the clinical components for the program are conducted. The hospital is unique in that it is one of the most advanced facilities for health care in North America. A second factor is that the Co-ordinator of the nursing refresher program is relatively new to the position and desired to revise the program in order to more effectively meet the needs of the adult learner. She unfortunately had little or no time to plan for and implement these revisions due to other teaching responsibilities. Finally, in recent years there has been a critical shortage of nurses in Alberta (and in North America as a whole); an effective nursing refresher program that is able to meet the needs of the nurse who is returning to the profession may assist in alleviating a nursing shortage.

Individuals who are seeking to complete the refresher program must be registered nurses from an approved institution in Canada and have been inactive in the nursing profession for more than five years. The Alberta

Association of Registered Nurses (AARN) requires that recertification through an approved refresher program is mandatory for nurses who have not practiced nursing for more than five years.

The nursing refresher program evaluated in this study is eight weeks in length. The program consists of formal structured classes, clinical laboratory experiences, and post-conferences following the clinical experiences. Four written examinations are administered during the program which require that students achieve an overall pass mark of 70%. Students attend classes for the first two weeks of the program, followed by two weeks of clinical experience on either a medical or surgical unit. Following this, students attend another two weeks of classes and another clinical experience in either medicine or surgery. At the completion of each clinical block students receive an evaluation of their clinical nursing abilities. Successful completion of both the theory and clinical components of the nursing refresher program results in a recommendation for professional re-certification by the AARN. Students are then eligible to work as staff nurses or registered nurses in the province of Alberta.

Significance of the Study

The rationale for conducting a curriculum program evaluation in the area of curriculum was to assess the effectiveness of the nursing refresher program and determine the impact of the program on participant learning. Several factors were believed to contribute to the importance of implementing an evaluative research study of the nursing refresher program. As mentioned, the refresher program has never been formally evaluated despite an expressed desire for revisions by the client and former instructors who have taught in the program. Any revisions or changes to the program without a structured evaluation may have been futile or at the

very least ineffective. In addition, in light of the rapidly changing technology and advances in the health care field, it was suggested that a formal evaluation of the curriculum should be undertaken.

Recent nursing literature suggests that women who are re-entering their professions after an absence of four or more years have special needs that make these individuals distinct from other learners and even other adult learners. Refresher programs therefore need to make a special effort to meet the needs of these re-entry women. It has been suggested that if refresher programs can more effectively meet the learning needs of these individuals, the gap in nursing employment may be lessened (Perry, 1986).

Consideration of all of these factors led to the investigators' belief that a thorough evaluation of the curriculum of the refresher program was warranted and would assist program developers to make more informed decisions regarding program and curricular changes. In addition, given the costs of such a program in times of restraint in health care funding and the increased need for accountability in health professions, there was felt to be a definite need for a formal evaluation of the nursing refresher program.

Purpose of the Study

The purpose of this evaluative research study was to determine the extent to which the curriculum of the nursing refresher program met the professional development and personal learning needs of the adult who was returning to the nursing profession. In order to meet its intended purpose, the study sought answers to the following research questions:

1. To what extent do students and instructors perceive that the educational activities of the program assist students to meet their

learning needs and enable them to function safely at the level of a beginning practitioner?

2. To what extent do students and instructors judge that the refresher program assists students to meet their personal learning needs?

3. To what extent do students and instructors judge that the refresher program assists students to meet their professional learning needs?

4. What are student and instructor perceptions as to overall program effectiveness and improvement in the students' knowledge, skills and attitudes?

Definitions

For the purpose of this study the following terms are defined according to their meanings as they apply to this research study.

Professional learning needs: refers to those learning needs which are concerned with acquiring the knowledge and skills that are necessary to achieve the professional standards set by the professional nursing association (AARN).

Personal learning needs: refers to those needs which do not concentrate on knowledge and skill building but relate to other non academic responsibilities and needs that re-entry women must also meet in order to learn effectively (Perry, 1986).

Re-entry women: refers to those individuals who have interrupted their careers and/or post-secondary education for four or more years and are now re-entering a higher education program (Perry, 1986). For the purposes of this study, these re-entry women will also be referred to as the nursing refresher students in the program being evaluated.

Nursing Refresher Program: is a course or program which focuses on a review and update of current knowledge and skills that are required in nursing in order to assist nurses to return to the profession after a prolonged absence (Polatajko, H., Wright, C., Clancy, P., LeBlanc, M., Vanhook, M., 1987).

Curriculum Evaluation: can be viewed as a process of collecting and processing data pertinent to an educational program, on the basis of which decisions can be made about the program. Such an evaluation utilizes two kinds of data. The first type of data includes an objective description of goals, environments, personnel, and immediate and long-range outcomes. The second type of data includes personal judgements about goals, inputs and outcomes (Taylor and Maguire, 1966).

Delimitations of the Study

1. The data that was utilized in this research study was collected from students who have recently completed the nursing refresher program and instructors who have most recently taught the program.

Limitations of the Study

1. The results that were obtained in examining the nursing refresher program are limited to the program evaluated and as such any generalizations beyond this study should be undertaken with caution.

2. Techniques for data collection were through the use of instructor and student questionnaires which were designed by the researcher, and group, instructor and student interviews. The limitations inherent in the use of both the questionnaire and interview of these techniques were recognized by the investigator.

Related Literature Review

Evaluation has played an increasingly important role in the development of educational programs in recent years. Few fields in the areas of education and nursing education more specifically have undergone such marked changes as the area of program evaluation. Educational evaluation has evolved into a unique entity complete with its own theorists, controversies, books, and conferences.

The field of evaluation encompasses all internal, and external forces and constraints that impact on an education program (Welch, L.B., Carmody, D., Murray, L., Rahinski, F., 1980). It is a process of delineating, obtaining, and providing useful information for deciding among alternative actions (Stufflebeam, 1971). The purpose of an educational program evaluation is to identify the strengths and weaknesses of the program, diagnose problems and improve the overall program. In addition, a systematic evaluation plan of a program indicates that there is sound rationale for each decision or judgement made (Poteet, and Pollock, 1986).

The following literature review will focus on the more specific area of curriculum evaluation in nursing education and consider its relationship to the broader area of program evaluation. This will be followed by a brief historical overview of the major models and approaches to curriculum evaluation. The relationship between curriculum evaluation, the conceptual framework of a program, its philosophy and its objectives will be examined. The particular evaluation model that has been chosen for this study will be presented and the steps necessary to complete such an evaluation will follow. A brief historical overview of nursing refresher programs will be examined along with the common characteristics of students who take part in these programs. Finally, an overview of the

content currently being offered in existing nursing refresher programs will be discussed.

Relationship between Curriculum Evaluation and Program Evaluation

The overall purposes and goals of a curriculum evaluation are similar to those for a program evaluation. Curriculum evaluation is unique in that it is less comprehensive than that of a program evaluation. Curriculum evaluation comprises only one of the many components of a program (Bower, Linc, and Denega, 1988). It should be mentioned however that there is often considerable overlap between all areas of an educational program and ultimately everything impacts on the learner and the learning process (e.g., curriculum, resources, instructors, facilities, etc.). As a result, there may be difficulties in making a distinct separation in each of these areas when conducting a curriculum evaluation.

Specifically, the main purpose of a curriculum evaluation is to bring about the continuous improvement of a curriculum and facilitate its development (Greaves, 1987). This should be done through the selection of appropriate evaluation procedures for that particular curriculum. As in program evaluation, the evaluation of a curriculum involves the systematic collection of information from a variety of sources. In curriculum evaluation, however, this collection of information relates to the evaluation of the effectiveness of the curriculum (Greaves, 1987). The results of such an evaluation can then be acted on to make appropriate improvements in the curriculum.

Curriculum evaluation is also involved with the making of value judgements based on the findings of the evaluation. These judgements can have significant implications for decision-making about the curriculum specifically. The most important of these decisions are the general

philosophies and beliefs about the curriculum, the objectives, the effectiveness of the content being dealt with, the extent and quality of the learning, the quality of administration of the program and the use of resources (Greaves. 1987). While some critics disagree with this judgmental view of evaluation, Scriven points out that it is not possible for evaluators to ignore the judgmental nature of evaluation since evaluation very much involves values and value judgements. He also believes that the making of such judgements in evaluation is necessary and can be objectively accomplished (Scriven, 1967).

Heath (1969) suggests that there are three broad functions performed by a curriculum evaluation. The first function is improvement of the curriculum during the development phase of the curriculum through identification of strengths and weaknesses in the curriculum. A second function of a curriculum evaluation may be to facilitate the rational comparison between similar competing programs or curriculum, where the choice may be to retain or reject the continued implementation of a particular curriculum. A final function of curriculum evaluation is that it may contribute to the general body of knowledge regarding effective curricular design which would ultimately improve the education of students. This may be particularly useful in instances where a unique curriculum may be required in particular field of study (e.g., nursing).

Characteristics of Curriculum Evaluation Models

As in the area of program evaluation, there are numerous evaluation models that are available for curriculum evaluation. Since there is considerable overlap between program and curriculum evaluation, many evaluation theories and models may be applied to both types of evaluation. Payne (1984) suggests that there are several key characteristics of

curriculum evaluation that make it distinct from program evaluation models.

The necessity of identification of instructional objectives is included in most models for curriculum evaluation. In addition, curriculum evaluation models emphasize the importance of continuous feedback. Greaves (1987) also states that a basic underlying feature of models for curriculum evaluation is that evaluation should be considered a continuous process rather than a distinct entity with a beginning and an end, which may often be the case in a program evaluation. Models for curriculum evaluation share the assumption that a needs assessment has been done prior to program development (Payne, 1974). A needs assessment identifies the specific learning needs of the group of learners the educational program is to serve.

Curriculum evaluation models all emphasize the importance of systematic decision-making and reflect the biases and intents of both the individual program developers and the evaluators. Again, the judgement of these individuals plays an important role in the evaluation process.

Historical Overview of Major Models used in Curriculum Evaluation

A model can be used to assist the examination of relationships that exist among components, to define activities, and to point the way toward possible new applications or research problems (Forehand, 1970). The use of a model in general assists in the planning and implementation of a curriculum evaluation. Payne (1974), however, cautions that there is a danger in too heavy reliance on a model since the process of evaluation should be an ever-changing dynamic process. He suggests that a model should only serve as a framework for the evaluation of a curriculum.

A basic overview of the historical background of the field of evaluation as a whole and more specifically curriculum evaluation can provide an essential basis for an understanding of the process of evaluation and the changes it has undergone to bring it to its present status. One of the earliest theorists in the area of curriculum evaluation was Ralph Tyler (1942). Tyler advocated the formulation of educational goals which focused on the student, society, and the subject matter. These goals were then transformed into behavioral objectives. He stressed the importance of congruence between performance of a skill and the objectives. One of the major criticisms of the Tylerian approach to evaluation is its emphasis on the individual learner rather than the program or curriculum. His thinking however significantly influenced the development of many of the current evaluation practices in use today (Yeaw, 1987).

Many of the early models for curriculum evaluation were primarily concerned with quality control; and how to use feedback to improve a curriculum (Greaves, 1987). Cronbach (1963), stressed the importance of identification of aspects of a course where revision can be done to improve the course. Smith (1965) emphasized that the primary purpose of curriculum evaluation should be one of quality control and course improvement. Provus' (1969) discrepancy model focused on evaluation of the discrepancy between program performance and standards.

Models of evaluation developed later took on a much broader focus, although each developed its own unique set of characteristics for evaluation. Rippey (1973), Scriven (1973), Stake (1967), Stufflebeam (1971), and Sanders and Cunningham (1973) each were responsible for models for program evaluation that could also be applied to the more specific area of curriculum evaluation in a wide range of differing educational contexts.

Stake (1967), was primarily concerned with the response between the 'intentions' of a curriculum and the degree of congruence with the actual observed outcomes of the program. Stake believed that both description and judgement are essential to an effective evaluation. According to his approach to evaluation three bodies of information should be utilized: antecedents, transactions, and outcomes. An antecedent is any condition that exists in the learners prior to teaching that may relate to the outcomes. Transactions refer to the many encounters between all those who are involved in the program, including students and teachers. Outcomes are those aspects of a program which are measurable such as the impact of instruction. Outcomes and antecedents are thought to be static events and transactions to be dynamic. In addition, Stake believes that an evaluation is not complete without a statement of rationale. This rationale should reflect both the philosophy of the program being evaluated and its purposes (Stake, 1967).

Another key feature of Stake's model is that it is essential the evaluator(s) be external to those involved in the program and that the evaluation should occur during all phases of the educational program. This type of evaluation is thought to have an independence and objectivity that cannot be achieved by performing an internal evaluation. Stake recommends that it should be those individuals directly involved in the program who should ultimately make the decisions based on the input from the evaluators.

Scriven (1967), also valued the use of external evaluators. To maximize objectivity he felt that evaluation would best be carried out by individuals other than those responsible for the design and implementation of the curriculum. Implicit in Scriven's philosophy of evaluation is his

belief that evaluation is ultimately the passing of judgement (Scriven, 1967). His approach is unique in that he believes that it is the responsibility of the evaluator to pass judgement about the program or curriculum.

Scriven was also well known for distinguishing between formative and summative evaluation. Formative evaluation functions in a developmental manner and is usually aimed at improving the educational experience or product during its developmental stages. Formative evaluation uses feedback for the purposes of improving the curriculum and is an ongoing process (Yeaw, 1987). Conversely, summative evaluation occurs following program completion and is focused on making a final judgement about a course and the extent to which it meets the educational and professional needs of its students. The results contribute to a decision as to whether a course will be continued or terminated (Greaves, 1987). According to Greaves (1987), the main differences between formative and summative evaluation lie in the purposes and time of application.

Building on the concepts developed by Tyler, Stake and Scriven, Stufflebeam (1971) created a model that received considerable support in the field of evaluation. According to Stufflebeam, evaluation is the process of delineating, obtaining and providing useful information for judging program decision alternatives (Stufflebeam, 1971). The model identifies four evaluation areas that the evaluation should focus on in decision making. These four areas include: context evaluation, input evaluation, process evaluation, and product evaluation. The aim of context evaluation is to define the environment in relation to the desired and actual conditions, identify unmet needs and provide a rationale to determine objectives or goals for the program. Input evaluation attempts to provide information for determining how to best utilize resources to meet these goals. The purpose

of process evaluation is to provide feedback to those involved in implementing the course by identification of shortcomings in the design and implementation phases of the course. Product evaluation is concerned with the measurement of the outcomes of the course and assists in determining if the program should be continued, terminated, modified or refocused (Stufflebeam, 1971). Another unique feature of this approach is that there is much less emphasis placed on external evaluators. Rather, it focuses on the need to make evaluation data available for immediate decision making through the use of more formative internal evaluation approaches.

Much of the more recent theory in the area of curriculum evaluation suggests that both internal and external evaluations, and formative and summative evaluations all have significant parts to play in the evaluation of an educational curriculum. A more collaborative approach to evaluation may often be used instead of adhering to any one particular model or approach to evaluation. In fact Greaves (1987) suggests that perhaps an eclectic approach to evaluation which maximizes the positive aspects of each model and minimizes negative effects, should be utilized, rather than the dogmatic radical use of any one particular evaluative approach. This approach is also sometimes called 'Validation in Partnership' (Greaves, 1987).

This approach appears to be supported by Payne (1974), who states that today's educators need to be more aware of the values, attitudes and beliefs of those they are educating as they approach the teaching-learning and evaluation process. The emphasis should be on evaluation of the total learning process, and not on individual student learnings. He suggests that this is much more than what Tyler described in 1942, but that his

teachings provided educators with an excellent foundation for the development of new and improved evaluation practices.

Transactional versus Illuminative Evaluation Approaches

Two of the more recent approaches to evaluation lend support to the collaborative approach to evaluation. Both the Transactional (Rippey, 1973) and the Illuminative (Parlett and Hamilton, 1972) evaluative approaches emphasize the importance of utilizing a wide range of participants in the curriculum evaluation process, including course developers and the students involved in the curriculum. Both contain the underlying belief that to be effective an evaluation should be a cooperative effort. According to Greaves (1987), these two general approaches are significant in that they are indicative of most of the more recent trends that are currently used in curriculum evaluation and incorporate many of the various aspects of the earlier evaluation theories.

The Transactional evaluation approach (Rippey, 1973) focuses on the perceptions of both those who develop the curriculum and its participants. This approach seeks to identify problems in the course, clarify goals and present possible solutions to these problems and suggests that sources for data analysis be all those involved in the curriculum. The Illuminative evaluation approach (Parlett and Hamilton, 1972) attempts to 'illuminate' or throw light on a curriculum. It also uses a variety of participants to obtain data for evaluation purposes. The evaluation process can be seen as a series of many transactions between students, teachers, and course developers. This process is called 'triangulation' whereby the evaluation can take place from three distinct points of view. Multiple methods are used for data collection: such as interviewing, participant observation,

structured and non structured interviews with groups,and individuals, and the use of questionnaires.

The Illuminative approach aims to be more eclectic and problems in the curriculum are viewed from several angles. Concentration is on data gathering rather than on decision-making. This approach seeks to interpret rather than measure. The teaching-learning environment, functioning of the curriculum, and identification of its problems are of central concern. The Illuminative approach argues that student perceptions are particularly important in the evaluation process in relation to their performance and ability to apply theory to practice. In addition, Greaves (1987) suggests that this evaluation process should range far beyond the achievement of educational objectives to include student attitudes, interests, career goals, and general understandings of both students and administrators of the curriculum.

Lewis (1981), also suggests that the total environment of the learner needs to be considered in a curriculum evaluation. Environmental forces external to the program (e.g., families, peer groups, media) all may have an important impact on learners and their instruction. Methods of data collection should extend far beyond examining student performance and attainment of objectives to include attitude measures, systematic observations, and follow-up studies of individuals who have been in the program.

The Illuminative approach to curriculum evaluation adopts an opposing view to theorists such as Bloom (1970), Popham (1975) and Tyler (1950). Major supporters of this approach include Jackson (1968), MacDonald (1970), Parlett and Hamilton (1972), and Stenhouse (1975), and Belock (1983), Rezler and Stevens (1973), and Worthen and Sanders (1973),

also support similar viewpoints that evaluation should be a continuous process and based on feedback from the various participants of an educational program.

The Torres and Stanton Model for Curriculum Evaluation

The Torres and Stanton (1982) model for curriculum evaluation has been chosen to evaluate the curriculum of the nursing refresher program. Selection of this eclectic model was based on the fact that it incorporates many of the positive features of various earlier theories of evaluation. Overall, this model falls into the broad category of the Illuminative approach to evaluation. According to Torres and Stanton (1982), in the development of either a new curriculum or the evaluation of an existing one, it is critical that certain aspects be included. This model for evaluation consists of four stages in which these criteria are addressed.

The Directive Stage (1) of the model provides guidance for the entire curriculum. This should include philosophy of the program, a definition of the terms used in the program, general characteristics of the learners, and the organizational or conceptual framework that is used to guide the program. This stage is critical since the entire curriculum should reflect the philosophical statement and conceptual framework of the program and the organization which supports it. Stage 2 of the model is called the Formative Stage. This stage should include the broad, generalized concepts which are used to identify the design of the curriculum, the level and course objectives, and a content 'map' of all the content presented in the curriculum. Stage 3 or the Functional Stage of the model includes those activities that affect the operational components of the curriculum (e.g., methodology used, learning experiences, general approaches to content and validation of learning). The fourth stage of the model is termed the

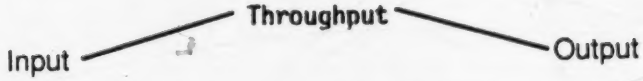
Evaluative Stage. Torres and Stanton suggest that evaluation should consist of both formative and summative components. They suggest that data for formative course evaluations should come from course evaluations and be based on feedback from both students and those involved in teaching the course. This feedback can then be directed back to the course developers and subsequent improvements can be made. Formative course evaluations utilize feedback from mid course evaluations (also from a variety of the above sources). It is this final stage in the curriculum evaluative process that will be the focus of this evaluative study of the nursing refresher program.

The evaluative stage of the model was specifically focused on for the evaluation of the curriculum of the nursing refresher program. According to Torres and Stanton (1982), a truly comprehensive, systematic curriculum evaluation of a program cannot be realized until graduates are out practicing since the ultimate goal of curriculum evaluation is to validate that the curriculum does what it says it will in relation to the graduate. This evaluative stage of the model consists of three components (see Figure 1).

"Input" refers to that which the students bring to the educational environment, and is often the least used component of curriculum evaluation. Input is used as a method of assessing what students bring to the program and what changes may occur as a result of the education they receive (e.g., previous knowledge, attitudes and skills). While it is possible to use some sort of standardized tests to determine this, Torres and Stanton (1982) suggest that these should be limited to those that are related to the philosophy, theoretical framework, and/or characteristics of the graduate,

Figure 1

A Quantitive Process



Characteristics of Graduate

	Initial Evaluation	Intermediate Evaluation	Longitudinal Evaluation
Assessment	Diagnostic Preadmission and Preclinical Evaluation Tools	Achievement of Student Population of Behavioral Level Objectives (Mean Scores)	Comprehensive Tools at Termination of Program Followed by Longitudianl Studies
Analysis	Identification of Levels of Achievement of Prenursing Population (Mean Scores)	Achievement of Student Population of Behavioral Level Objectives (Mean Scores)	Identification of Level of Success of Graduate Population (Mean Scores)
Implications	Modification of Admission Criteria	Revision of Level Objectives and Learning Experiences	Modification and Redevelopment of Curriculum. Planning Continuing Education Programs for Alumnae
Evaluative Format	Formative	Formative	Summative

rather than through the use of formal tests. The "throughput" component consists of all those activities in the educational program that relate to the functional stage of the curriculum process (e.g., teaching, learning, examinations). Throughput refers to what the students go through in order to acquire the knowledge, skills, and attitudes expected of them as graduates of the program and takes into account cognitive, affective and psychomotor learning. It is often the most frequently used component in the evaluative process and is often the only one used. The third component that is essential to the curriculum evaluation process is the "output". Output examines the graduate in terms of the characteristics of the graduate at program completion and seeks to determine how well the curriculum did in achieving its purpose. It examines the curriculum from a distance instead of as the program is being taught. Torres and Stanton (1982) suggest that aggregate data from a variety of sources be used to determine the effectiveness of the curriculum and should be based on consideration of all these components.

Steps in Evaluating a Curriculum

Lewis (1981) believes that there are six basic and essential steps in the process of evaluating a curriculum. This evaluation process embraces several key points from several of the major evaluation theories and models discussed in the preceding sections and can specifically be applied to the Torres and Stanton model for curriculum evaluation.

The six major steps in this evaluation process are as follows:

1) List the subgoals of the program;
2) Determine the antecedents and context input;
3) Determine standards by which outcomes will be judged;
4) Collect data on the outcomes of the curriculum;

5) Technical analysis of the program;

6) Make judgements about the curriculum.

1) List the subgoals of the program. This step involves the belief that the evaluation of any segment of a curriculum is based on the subgoals formulated within the general goals that apply to the entire program. Scriven(1973) states that we should look at actual effects of a program of instruction, including intended outcomes, as well as examine side effects.

2) Determine the antecedents and context output. This step involves the determination of what Stake (1974) calls antecedents and what Stufflebeam (1971) calls context input. Here, evaluators will need to gather information regarding student characteristics, the organization of the institution, community values and needs, and a description of how the program fits into the entire curriculum.

3) Determine standards by which outcomes will be judged. This step determines the standards by which the outcomes will be judged. Here, it is suggested that evaluators may want to rely heavily on the use of experts in the field, particular when setting standards for the cognitive domain. In some fields of practice, minimum competency may be one way to establish such standards.

4) Collect data based on the outcomes of the curriculum. It is suggested that methods of data collection should go beyond examining student performance and should include the measurement of attitudes, systematic observations, and follow-up studies of students previously in the program. The evaluation of instruction is also considered to be an essential element in the data collection phase.

5) Technical analysis of the program. In this step questions are asked such as: "Is the content related to the objectives?"; "Is the content valid and

reliable?";"Is the content relevant to the students?";"Is there logical organization of the program?";"How does the course relate to the preceding course?"; "Will the program develop understanding and critical thinking?"

6) Make judgements about the curriculum. In this final step the evaluators and the curriculum planners make judgements based on all the data that has been collected. Congruence between the actual outcomes of the program and the intended outcomes is assessed at this time. The strengths and weaknesses of the program are formally identified and the evaluators and administrators decide whether to continue, modify or terminate the program. Here, it can be seen that the value of formative evaluation cannot be overly stressed. The cost-effectiveness of evaluating a program as it is being developed rather than at its completion (when it may be terminated) is obvious.

Relationship between Philosophy, Conceptual Framework, Objectives and the Evaluation Process

According to Bower, D., Denega, D., Linc, L., (1988), the entire curriculum should reflect the basic philosophical beliefs of the organization. It is essential that all decisions regarding the curriculum, no matter how small should support the philosophical statement of the program and consider the degree to which this philosophy is reflected in all areas of the curriculum, including the conceptual framework and the teaching-learning objectives for the program. Chater (1975), states that the philosophy for a curriculum should serve as a value base from which to select empirically testable concepts. Since it is a statement of beliefs and values, a philosophy cannot be operationally defined. It should however function as the basis from which meaningful concepts regarding the

curriculum are developed. These concepts can then be arranged into the conceptual framework.

A conceptual framework provides an organized frame of reference that guides all aspects of curriculum development and also facilitates systematic evaluation. It may be unique to each individual school or program. It sets the boundaries within which facts and concepts are arranged in a systematic order within the curriculum. These boundaries or standards provide a basis against which the curriculum can be evaluated. Individuals who teach in a program with a strong philosophical basis and conceptual framework can have flexibility to chose among various decision alternatives. These may include latitude in choosing methodology, teaching-learning strategies, and making decisions regarding content while still working within these overall goals and boundaries.

The conceptual framework should provide direction for the formulation of objectives, curriculum design and evaluation (Chater, 1975). Curriculum design refers to the overall plan or structure of the curriculum, showing the arrangement of courses or classes within the program, and also includes the methods and procedures that will be used to achieve the objectives. In addition, it serves as a background against which objectives can be tested (Chater, 1975). Tyler (1950) also states that the objectives should be closely examined in relation to the overall philosophy, with retention of those that are supported by it and rejection of those inconsistent with it. Chater (1975) suggests that examination of the objectives should however be taken one step further. A thorough evaluation of the curriculum should not only examine the philosophy and conceptual

framework, but should also investigate the relationship and links between all these areas.

Nursing Refresher Programs

Nursing refresher programs are a relatively new form of educational program. The University of Alberta Hospitals Nursing Refresher Program began in 1962 and was one of the first such programs. Several changes were instrumental to the provision of such programs in Alberta. Prior to the 1960s, hospital policies dictated that married nurses were not allowed to practice nursing and all nurses must be employed full-time. During the 1960s, these policies were altered to employ married nurses and allowed part-time work (Cashman, 1966). Other trends, such as increased numbers of women entering the work force for financial and professional reasons, and a shortage of nurses also contributed to the increased need for refresher programs.

The AARN approved the first nursing refresher course outline in 1958, in anticipation of these changes. The course was to consist of 15-20 hours of instruction which would then be followed by a clinical practicum. The practicum was varied in length and was adjusted to the individual nurse's needs. Participation in the program was voluntary (More and Thurston, 1983). In 1961, the AARN determined that inactive nurses who had not practiced for more than five years would be required to complete a supervised reorientation period in an active treatment hospital. Completion of this reorientation was required for registration. A further stipulation was added in 1973 by the AARN; mandatory retraining was required for all nurses who had been inactive for five or more years. Guidelines for the development of nursing refresher programs were also established at this time. Successful completion of a nursing refresher

program indicated competency to practice nursing and enabled participants to be eligible for active registration in the province of Alberta. Within the broad guidelines and standards set by the AARN, nursing refresher programs in Alberta have varied in terms of their length, purpose and methods of instruction (More and Thurston, 1983). Nursing refresher courses are now offered by both educational institutions and hospitals.

At present, there are only two major types of nursing refresher programs offered in Alberta. One of these is a modularized distance delivery offered by Grant MacEwan Community College in Edmonton. In 1980, the college introduced a program whereby nurses could complete the theoretical component of the program at their own pace. In 1982, the option of completing the clinical component of the program in one of many facilities located throughout Alberta (e.g., active treatment hospitals, extended care facilities and nursing homes). This type of program is called a modularized distance delivery program. Students who take part in this program have the option of negotiating their choice of clinical experiences in areas such as obstetrics, pediatrics, and emergency. A community health component is also offered for nurses who were previously employed in these areas. Students have one year to complete the program. Approximately 400-450 students complete this program in Alberta per year (Personal communication, Jerry Nakonechny, April 12, 1989).

Grant MacEwan also utilizes a brokering concept whereby a hospital or educational institution can be provided with the materials and support for conducting their own refresher program. Currently, Grant MacEwan brokers its program to the hospitas in Calgary, Yukon, Northwest Territories, four Atlantic Provinces, and Australia. The hospital in Calgary

utilizes the Grant MacEwan self-study package but operates a more structured program than that which is offered directly through the college. This program is only offered once per year.

The second major type of refresher program offered in Alberta is offered by the University of Alberta Hospitals. This program is eight weeks in length and is offered twice per year. Each class consists of twelve students. It is the most structured of all Alberta programs with set classroom and clinical time. Students are only offered medical-surgical experience and must complete their clinical practicum in that facility.

A recent announcement by the Alberta government to reduce funding to all nursing refresher programs in March, 1988 has forced institutions to offer these programs from a much more restricted financial position. Grant MacEwans' refresher program is a completely self-funded program in which all of the money necessary for its operation must come from student tuition fees. It receives no external, funding whereas the other refresher programs are partially funded by the hospital as well as the students.

Characteristics of Nursing Refresher Students

Nursing refresher students exhibit many of the same characteristics as other adult learners. Knowles (1976) states that adult learning is maximized if there is an immediacy to application of knowledge and if the learning experience is perceived as being meaningful to the learner. A second characteristic of adults is that they must possess a 'readiness' to learn before optimal learning will occur. A third characteristic of adult learners is that they are unique individuals who exhibit great variation in their ability to learn. This is partially due to the great diversity of life experiences that adult learners bring to each learning experience. Adult

learning will also be enhanced if the learner has control of the situation (Knowles, 1980).

Knox (1981) suggests that it is essential that those responsible for adult education programs be aware of these characteristics in planning and evaluating such programs. For example, the role of instructor should be that of a facilitator, as opposed to the traditional provider of information which may occur in many other teaching-learning situations. Nursing refresher students exhibit all of the above characteristics of adult learners. Reed (1986), states that while there are certain characteristics which make nursing refresher students similar to other adult learners, there are also certain qualities which make nursing refresher students unique.

Perry (1986) suggests that nursing refresher students can further be grouped into a category called "re-entry women", since the vast majority of these students are women that are re-entering the workforce after an absence. According to Perry (1986), re-entry women can be defined as "those individuals who have interrupted their post-secondary education for four or more years and are now re-entering higher education". Re-entry women constitute two-thirds of the population of adult students in post-secondary education in North America. It is therefore essential that education programs make a special effort to meet their needs. These women often have specific needs that are not necessarily shared by other adult learners or even younger adult women (Perry, 1986). In addition, it is suggested that re-entry women have unique educational and personal needs and that both of these areas are equally important to consider in planning an educational program for them. Perry (1986), believes that these needs have been neglected for too long and the profession has an obligation and an opportunity to help such women. She further states that

we are losing an important employment resource in the wake of the recent critical nursing shortages by not making an effort to be more aware of these needs in planning refresher programs.

Educational needs refer to those learning needs which are concerned with the acquisition of knowledge and skills (Perry, 1986). Personal needs refer to those needs which do not concentrate on knowledge and skill building but relate to other non academic responsibilities and needs that re-entry women must also meet in order to learn effectively (Perry, 1986). Despite the re-entry womans' concern for acquiring academic skills, it is suggested that she cannot concentrate on skill building until her many other non school related responsibilities are met.

Research has shown that re-entry women may experience greater difficulties in returning to school than many other adult learners (Kaplan, 1982). Since many of these women are returning to school and leaving the workforce in an effort to improve their financial status, attending school may pose yet another financial barrier. An Alberta study done by More and Thurston (1983), states that 94% of nursing refresher students have children and these same individuals cited child care responsibilities as the major reason for allowing their registration to lapse. A frequent concern of these women is in relation to role strain and conflict due to the changed role of mother and/or wife who previous to attending school was able to meet more of the demands of her family (Polatajko, et al., 1987).

Nursing refresher students also characteristically lack self-confidence. In the study done by More and Thurston (1983), the most frequently described feeling by students was of inadequacy and an inability to succeed. As a result, there is a definite need for the development and strengthening of the assertion and decision making capacities of these

women. On the positive side, studies have shown that despite many difficulties, re-entry women are generally highly motivated to succeed and are highly committed to their field of study (Perry, 1986).

Curriculum/Content of Nursing Refresher Programs

Based on the belief that nursing refresher students have both educational and personal needs that should be addressed, the curriculum presented in re-entry programs for nursing should attempt to meet both of these needs in its learners. The duration of nursing refresher programs varies considerably in North America. They may range from five days per week for a period of eleven weeks to two days a week for six weeks, to a completely self-paced program (Brown and Waddell, 1988). No literature was found to indicate the ideal length of time for a nursing refresher program.

A recent American study in which a five year follow-up of nursing refresher students was done, suggests that content presented in nursing refresher programs should consist of the following areas: an overview of the changes and trends in health care delivery; concepts basic to the care of patients (e.g., nursing process, nurse-patient relationships, needs hierarchy); review and update of basic nursing skills (including pharmacology, intravenous therapy, fluid and electrolyte balance); review of basic nursing care (including anatomy and physiology, related pathophysiology, and patient teaching); leadership; legal aspects; continuing education; and new trends in nursing (Brown and Waddell, 1988).

Eggland (1980) also examined a nursing refresher program. In this program, ten case studies were used to depict the entire growth and development process from an infant to an elderly patient. Major content

areas addressed included: pathophysiology, nutrition, patient teaching, lab values, leadership and management skills, and legal responsibilities. Students were able to request experience in specialty areas such as pediatrics, emergency, and obstetrics.

In a recent study done on Alberta's nursing refresher programs by More and Thurston (1983), several suggestions for additions to refresher program content were made by both former students and their employing agencies. These areas included: the addition of content related to new technology and equipment, geriatrics, management and leadership skills, quality assurance, and the legal aspects of nursing. Suggestions were also made at this time regarding the addition of specialty areas for clinical practice such as obstetrics, pediatrics and emergency. The addition of these specialty areas was found to be particularly necessary for those graduates who were to be employed in rural hospitals and are often required to work in all these areas. Content areas of strength in Alberta's nursing refresher programs were also mentioned in the study. These included: pharmacology, physiology and medical/surgical clinical experience. Specific responses by both employing agencies and students were that nursing refresher graduates exhibit a general lack of self-confidence on their return to nursing and this should be an area to focus on in future refresher programs (More, Sui and Thurston, 1984).

CHAPTER II

METHODOLOGY

Application of the Torres and Stanton Model for Curriculum Evaluation

The evaluative stage of the Torres and Stanton (1982) model was specifically focused on in the evaluation of the curriculum of the nursing refresher program. According to the model, a truly comprehensive systematic evaluation cannot be implemented until its graduates are out practicing since the ultimate goal of curriculum evaluation is to validate that the program does what it proposes it will in relation to the graduate. The model also advocates the use of aggregate data to determine the effectiveness of the curriculum. Rationale for selection of this particular model is that it incorporates all the basic areas for a thorough curriculum evaluation. According to Bower, Denega and Linc, (1988), these basic areas include: an organizational (theoretical) framework, a glossary of terms used in the program, characteristics of the graduate, level and program objectives, approaches to content, teaching methodologies and learning experiences, and validation of learning. The model also encompasses all the major assumptions necessary for a program evaluation as cited by the major theorists in the area. These basic underlying assumptions should be present regardless of the particular evaluation model chosen. One of the key features of the model is that it recognizes that there is considerable overlap between all areas of the program and ultimately everything impacts on the learner (eg., resources, faculty, students) (Bower, Denega and Linc, 1988). Just as the entire area of evaluation cannot be separated from the entire curriculum development process, it is difficult to separate curriculum and program evaluations.

In addition, the model promotes the use of continuous feedback to those responsible for sponsoring the evaluation. This incorporates the assumption that evaluation should be an ongoing, cyclical process (Lewis, 1981). The model also promotes the use of both formative and summative evaluations and permits decision making and/or modifications at any time during the program.

An important assumption regarding evaluation is that the curriculum planner and evaluator should work closely together in the development and improvement of the educational program. In fact in many cases, the program developer and evaluator may be the same individual (Lewis, 1981). The Torres and Stanton model encourages such interaction between the program developer and evaluator and this was felt to be another positive consideration in the selection of the model. Another important feature of the model is in its simplicity in design and application. The application of such a model which is simplistic is a definite advantage in times of financial restraint and will allow for reductions in cost, time and personnel.

The general design of the study utilized a descriptive survey method and was based on the evaluative stage of the Torres and Stanton (1982) model for curriculum evaluation. All three components (input, throughput, and output) of the evaluative stage were considered by the investigator in devising the student and instructor questionnaires and in determining the basic format that was utilized in conducting student and instructor interviews. Questionnaires and interviews were the major sources utilized in data collection for the evaluation. The rationale for including both instructors and students in the evaluation is supported by Christenson (1985), who states that an evaluation by students alone is

subject to varied interpretation and response bias particularly on questionnaire items. In addition, matching similar responses by students and instructors on both questionnaires and interviews allowed for analysis of both perspectives and provided richer insight into specific areas for curriculum improvement than either one of these groups could individually provide.

Three of the most recent classes of students of the nursing refresher program and instructors who had taught in the program were the focus of the study. A total of 36 students from the class of June, 1989; December, 1988 and June 1988 and two instructors who had most recently taught in the program were surveyed. The rationale for restricting the investigation to only the most recent classes of students was that individuals who had taken the refresher program more than one year ago may not have been able to provide an accurate recollection of the curriculum due to memory lapse. In addition, since the curriculum of the refresher program has not changed substantially over the past five years, it was not considered that investigation of numerous previous classes would provide any new information. The numbers of those utilized for the study were therefore limited and thus made random selection of a couple of the total population of nursing refresher students an impossibility. The choice made to forfeit a truly random sample from the entire population was carefully considered prior to electing to investigate only the three most recent classes of refresher students. The inherent limitations of such an approach were recognized by the researcher.

Focus of the evaluation

The evaluation of the nursing refresher program will provide information to the Director of the Nursing Education and Research

Department. Ultimately, the information may assist the Assistant Vice President (Nursing) and the Vice President (Nursing) in determining the overall worth of this program and other similar programs. The information obtained may assist in decision-making regarding revisions in the philosophy, objectives and content presently taught in the nursing refresher program. It may provide valuable insight into both short and long term planning of the program. Although the study will provide information regarding the curriculum of the refresher program specifically, information acquired may enable program planners to generalize some of the results of the study to the entire nursing refresher program and thus indicate the need for further study into the effects of the nursing refresher program as a whole.

The evaluation will determine the effectiveness of the nursing refresher program in meeting students' professional and personal learning needs and suggest recommendations for improvement in the curriculum. The intent of the study is not to make any recommendations regarding the program's viability. Such decisions will be left up to those who have authority to make those changes. The findings of this study are limited to determining the opinions of students and instructors who have recently taken part in the nursing refresher program and do not attempt to generalize beyond this group or to other programs of a similar nature.

Instrument

The questionnaire instrument that was utilized to obtain the necessary data was adapted from two questionnaires that were developed by Bower, Linc and Denega, 1988 (see Appendix A) and based on the Torres and Stanton (1982) model for curriculum evaluation. These questionnaires were related to students and instructors perceptions regarding the

theory/classroom component of the program, the clinical component of the program; whether or not the program met the personal and professional learning needs of the students and the overall effectiveness of the refresher program.

Student and instructor questionnaires (see Appendix B and C) consisted of approximately 50 closed ended questions and 10 open ended questions with each of the above areas receiving equal attention. Both the student and instructor questionnaires were basically identical with the exception of four questions that the investigator felt could only be answered by the instructors. The questionnaires utilized a Likert scale of measurement. The open ended questions were included in order to obtain information that may not otherwise be acquired through the sole use of closed ended questioning techniques. Both student and instructor questionnaires were piloted prior to implementation of the instruments (see Appendix D). They were administered to three former students and one instructor who had previously taught in the program. Feedback received from these individuals was used to improve the quality of the questionnaires, identify any omissions and promote content validity.

Student and instructor interviews were utilized as an additional technique for data collection. A semi structured interview format was used for all interviews. One group interview was conducted with students from the class of June, 1989. In addition, three individual interviews with the students from the class of June, 1989; three individual interviews with students from the class of June, 1988 and two individual instructor interviews were conducted. The rationale for the use of the interview as an additional technique for data collection was that richer information could be obtained than with the sole use of the questionnaire.

Data Collection

The total number of individuals included in the study was 38. Prior to contacting students or administering the questionnaires, instructors were informed of the proposed study and encouraged to provide feedback. The investigator then met with students during a class meeting and informed them of the goals and purpose of the study. Formal consent from all participants in the program was obtained in the form of a covering letter (see Appendix E). All participants in the study were informed that they were not obligated to participate in the study. All students and instructors were asked to complete the questionnaires and volunteers from each group were requested for the individual interviews. Questionnaires were hand delivered during class time to students from the class of June, 1989 and mailed to students from the December, 1988 and June 1988 classes. Following initial distribution, a total of twenty questionnaires were returned. A reminder letter (see Appendix E) was sent to the graduates the third week following initial distribution with an additional ten questionnaires being received.

Organization of Information

Questionnaire data were sent and labelled numerically for the purpose of sending reminder letters to the respondents. Once the data were received it was encoded on data sheets for analysis using the Statistical Package for the Social Sciences (SSPSx) (Norusis, 1986). All questionnaires were identified only by case number, thereby ensuring confidentiality. The data received from both questionnaires and interviews were then organized and grouped according to the four main subproblems regarding the evaluation of curriculum of the refresher program.

Analysis of Information

Both quantitative and qualititative data were obtained in this descriptive survey study. The type of data that was obtained from the closed ended responses on the student and instructor questionnaires using the Likert scale is ordinal in nature. The level of measurement for the demographic data obtained is nominal. Other data such as age and number of years absent from nursing are ratio. The data obtained from the open ended responses and interviews are qualitative in nature.

Quantitative data received from both instructor and student questionnaires were reported by frequency and percentage distribution. The data is reported using descriptive statistics and largely utilizes measures of central tendency such as mean and standard deviation.

Qualitative data in the form of open ended questions and interview responses was analyzed and grouped by the investigator and was also presented in the form of tables which depict frequency and percentages where possible.

Reporting of Information

This study was directed to two distinct groups of individuals: the administrators of the nursing refresher program who will determine the overall worth of the program and to other nurse educators who may be interested in conducting a similar study elsewhere. Copies of the thesis will be provided to members of the thesis committee, the libraries of the Alberta Association of Registered Nurses, and the nursing executive responsible for the administration of the refresher program. An abstract summarizing the main findings of the study will also be mailed to each of the participants of the study at their request.

Administration of the Evaluation (Timeline)

A timeline (see Appendix H) is included to depict the evaluation schedule.

Since this descriptive study was retrospective in nature and no comparable group was available to act as a control group, selection of an alternative research design was limited. In addition, since there has never been a formal evaluation conducted on the program, there were no pre-measures available. Hence, two possible research design alternatives of pre and post-test were not considered.

The costs incurred by performing the study were paid by the principle investigator. This included word processing, assistance with transcription of interview data, binding, stationary and postage.

Ethical Considerations

Ethical approval for this study was jointly obtained from the University of Alberta Faculty of Education Ethics Committee and the Hospitals Research and Standards Committee (NRSAC) prior to implementation. In addition, an informal meeting was held with both students and instructors to inform these individuals of the overall intentions/goals of the study. Prior to participating in the study, these individuals also received a covering letter outlining the basic information regarding the study, including a statement that participation in the study would be kept anonymous and confidential. Questionnaires were identifiable by number and analysis was concerned with the use of pooled data rather than individual responses.

Methodology Summary

The Torres and Stanton model for curriculum evaluation was utilized as the basis for the development of this evaluative research study.

Techniques for data collection included the use of student and instructor questionnaires which included sections for both closed ended and open ended responses; one group interview; and individual interviewing techniques.

A total of 38 individuals were utilized for the study. This included three classes of refresher students and two instructors who had taught in the program. Analysis of information was primarily through use of descriptive statistics. The data was analyzed and grouped according to the four subproblems described in Chapter I. Ethical concerns were given careful consideration in the study.

CHAPTER III

ANALYSIS AND RESULTS

A total of 36 student questionnaires were sent to the three most recent nursing refresher classes - June 1989, December 1988, and June 1988. Thirty questionnaires were returned from this group for a response rate of 83.33%. A total of two instructor questionnaires were sent and returned. These two individuals were the only two full-time instructors who taught these three refresher classes. Both of these instructors were no longer involved in teaching the nursing refresher program at the time of this study, and are now working elsewhere in related fields.

In addition to the use of questionnaires, one group interview was conducted with the class of June, 1989; three student interviews with the class of July, 1989; three student interviews with the class of July, 1988 and two instructor interviews were completed. All interviews were conducted on a volunteer basis. The interviews varied in length from 10-20 minutes each, and were tape recorded with the participants' permission (see Appendix G). The data was transcribed by the interviewer and an assistant.

In the following sections, student questionnaire results will be analyzed and presented, followed by instructor questionnaire data results. Finally, the group, individual instructor and student interview results will be discussed.

Student Questionnaire Results

The following tables indicate the results of the student responses for the questionnaires. Part One of the questionnaire was divided into two sections. The first section examined students' perceptions regarding the theory component of the program, and the second section examined

students' perceptions regarding the clinical component of the program. Part Two of the questionnaire sought to determine if the refresher program was able to meet the students' personal learning needs, and Part Three examined the ability of the program to meet the students' professional learning needs. The students were asked to respond in Part Four of the questionnaire by providing their overall impressions of the nursing refresher program, utilizing an open ended format. Following presentation of each of these areas, a summary of each section of the student questionnaire responses will be presented.

Part One-Theory Component (Closed Ended Responses)

Tables 1 through 3 indicate whether students were adequately informed regarding: the nursing refresher program (overall); the course content of the refresher program; and the academic expectations prior to enrolling in the program. The results indicated below suggest that the majority of students in the program felt that they were adequately informed in each of the above areas.

Table 1

Adequate Program Information Received Prior to Enrollment

(n=30)

Responses	Frequency	Percent
Never(No) 1	2	6.7
Sometimes 2	0	0
Usually 3	3	10.0
Always(Yes) 4	25	83.3
Total	30	100.0
M= 3.70 SD=.79		

Table 1 refers to the results from the questionnaire item which asked students if they received adequate information generally regarding the

program prior to enrollment. The mean (3.7) indicates that the majority of students felt that they did receive adequate information regarding the nursing refresher program prior to enrollment.

Table 2

Adequate Program Information Received re: Course Content Prior to Program Enrollment

(n=30)

Responses	Frequency	Percent
Never(No) 1	1	3.3
Sometimes 2	1	3.3
Usually 3	5	16.7
Always(Yes) 4	23	76.7
Total	30	100.0
M=3.67 SD=0.71		

Table 2 refers to the results from the question in which asked students if they received adequate information prior to enrollment specifically regarding course content. The majority of students (M=3.67) felt that they did receive adequate information regarding course content, prior to enrolling in the nursing refresher program, although responses were scattered in each of the four categories.

Table 3

Understanding of Academic Expectations/Workload Prior to Program Enrollment

(n=30)

Responses	Frequency	Percent
Never(No) 1	1	3.3
Sometimes 2	1	3.3
Usually 3	2	6.7
Always(Yes)	26	86.7
Total	30	100.0
M= 3.77 SD=.68		

Table 3 indicates that although responses for each category were varied, the majority (M= 3.77) of students realized the academic expectations and/or workload of the nursing refresher program prior to enrollment.

Tables 4 through 7 refer to the questionnaire items that related to the nursing refresher program course objectives. The students' opinions were obtained regarding the clarity of these objectives, whether or not these objectives were realistic and appropriate for their abilities, if there were an appropriate number of objectives for the amount of material covered in the program, and if the objectives presented an accurate reflection of the course content. The results indicated below suggest that the majority of the students felt that the objectives for the program were adequate in each of these areas.

Table 4

Course Objectives Clear and Concise

(n=30)

Responses	Frequency	Percent
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	12	40.0
Always(Yes) 4	18	60.0
Total	30	100.0
M= 3.60 SD= .49		

The majority of students as indicated by Table 4, felt that for the most part (M= 3.60) the course objectives for the nursing refresher program were clearly and concisely stated.

Table 5

Realistic Course Objectives

(n=30)

Responses	Frequency	Percent
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	9	30.0
Always(Yes) 4	21	70.0
Total	30	100.0
M=3.70 SD=.46		

The data in Table 5 refer to the question whereby students were asked if the nursing refresher program objectives were realistic and at an appropriate level for their abilities. The majority of students (M= 3.70 indicated that the nursing refresher program course objectives were realistic and at an apppropriate level for their abilities.

Table 6

Appropriate Number of Objectives to Match Material

(n=30)

Responses	Frequency	Percent
Never(No) 1	0	0
Sometimes 2	4	13.3
Usually 3	9	30.0
Always(Yes) 4	17	56.7
Total	30	100.0
M=3.43 SD=0.73		

Students were asked if there were an appropriate number of objectives in relation to the material taught. Table 6 indicates that most (M= 3.43) students felt that there were an appropriate number of objectives in relation to the material taught in the program.

Table 7

Objectives Reflection of Course Content

(n=30)

Responses	Frequency	Percent
Never(No) 1	0	0
Sometimes 2	1	3.0
Usually 3	12	40.0
Always(Yes) 4	17	56.7
Total	30	100.0
M=3.53 SD=0.57		

Table 7 refers to the results from the question in which students were asked if the stated nursing refresher program objectives provided them with an accurate reflection of the course content that was actually taught in the program. Student opinions in this area appeared to be more varied

(SD= 0.57), but students generally felt that the objectives did reflect the course content (M=3.53).

Tables 8 through 16 refer to questionnaire items which related to the theory/classroom portion of the nursing refresher program. The student responses indicated that this was a positive learning experience for them.

Table 8

Program Building on Previous Knowledge and Skills

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	0	0
Usually3	5	16.7
Always(Yes)4	25	83.3
Total	30	100.0
M=3.83 SD=0.38		

Table 8 refers to student responses to the question which asked students to judge the ability of the nursing refresher program to build upon the students' previous knowledge and skills (as both adults and nurses with vast and varied life experiences). The majority of students felt that the nursing refresher program usually or always built on the student's previous knowledge and skill level (M=3.83, SD=0.37).

Table 9

Adequate Preparation by Nursing Refresher Program for Clinical Experiences

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	2	6.7
Usually3	13	43.3
Always(Yes)4	15	50.0
Total	30	100.0
M= 3.43 SD=0.63		

Although responses were slightly varied (SD= 0.63), the data in Table 9 indicates that the majority (73.3%) of students felt that the content presented in the nursing refresher program was sufficient to prepare students for subsequent clinical experiences (M=3.43).

Table 10

Logical and Organized Presentation of Content

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	3	10.0
Usually3	20	66.7
Always(Yes)4	7	23.3
Total	30	100.0
M= 3.13 SD=0.57		

Table 10 refers to the question in which students were asked if they perceived that the nursing refresher program content was presented in a logical and organized manner. Although there was a variation of

responses (SD=0.57), for the most part students felt that there was logical and organized presentation of content (M=3.13).

Table 11

Examination Results Reflection of Student Knowledge Level

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	2	6.7
Usually3	14	46.7
Always(Yes)4	14	46.7
Total	30	100.10
M=3.40 SD=0.62		

Table 11 indicates results from the question which asked if the examination results in the refrehser program provided an accurate reflection of their knowledge level, the majority of students (M=3.4) felt that the results of the nursing refresher program examinations did provide them with an accurate reflection of their knowledge level.

Table 12

Variety of Instructional Strategies used in Presentation

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	0	0
Usually3	10	33.3
Always(Yes)4	20	66.7
Total	30	100.0
M=3.67 SD=0.48		

Students were asked if a variety of instructional strategies were used to present the nursing refresher program content. The results in Table 12

indicate that for the most part (M=3.67) there were a variety of instructional strategies used.

It should be noted that Tables 13 through 22 indicate that one student did not respond to the corresponding questionnaire items (no answer) since the total number of these responses were included in the frequency of repsonses, but were not included in the percentages reported in these tables.

Table 13

Effectiveness of Instructional Strategies in Learning

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	5	16.7
Usually3	13	43.3
Always(Yes)4	12	40.0
No Answer	1	-
Total	30	100.0
M=3.23 SD=0.73		

Students were asked to evaluate the effectiveness of the instructional strategies used to teach the nursing refresher program. Table 13 indicates that although opinions ranged from sometimes to always, for the most part (M=3.23), students felt that the instructional strategies were effective.

Table 14

Adequacy of Classroom Facilities

(n=30)

Responses	Frequency	Percentage
Never(No)1	1	3.0
Sometimes2	1	3.4
Usually3	11	37.9
Always(Yes)4	16	55.1
No Answer	1	-
Total	30	100.0
M=3.45 SD=0.74		

Students were asked their opinion regarding the adequacy of classroom facilities in the nursing refresher program. The data in Table 14 indicate a wide variation of responses, yet the majority of students (M= 3.45) felt that the classroom facilities used in the nursing refresher program were adequate.

Table 15

Adequacy of Lab Practice Facilities

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	0	0
Usually3	6	20.7
Always(Yes)4	23	79.3
No Answer	1	-
Total	30	100.0
M=3.79 SD=0.41		

In addition to adequacy of classroom facilities, students were asked if the lab practice facilities used in the nursing refresher program were adequate. The results in Table 15 indicate that responses were less varied

to this question, with all students who responded stating that the lab practice facilities were usually or always adequate (M=3.79, SD=0.41).

Table 16

Appropriateness of Reading Material

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	1	3.4
Usually3	9	31.0
Always(Yes)4	19	65.5
No Answer	1	-
Total	30	99.90
M=3.62 SD=0.56		

Students were asked if selected reading materials for the nursing refresher program were appropriate. The data in Table 16 indicates that although there was some variation (SD=0.56), the majority of students felt that the reading materials selected for the program were appropriate (M=3.62).

Clinical Component (Closed Ended Responses)

The results indicated in Tables 17 through 37 refer to student opinions to questionnaire items regarding the clinical component of the nursing refresher program. Overall, the students who completed the questionnaires felt that the clinical component was a positive learning experience.

Table 17

Clear Statement of Clinical Objectives

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	3	10.7
Usually3	4	14.3
Always(Yes)4	21	75.0
No Answer	2	-
Total	30	100.0
M=3.64 SD=0.68		

Table 17 refers to results from the question in which students were asked if the clinical objectives were clearly stated. Although responses ranged from sometimes to usually, the majority of students felt that the clinical objectives for the nursing refresher program were clearly stated (M=3.64).

Table 18

Adequate Theory Base for Clinical Practice

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	2	6.9
Usually3	11	37.9
Always(Yes)4	16	55.2
No Answer	1	-
Total	30	100.0
M=3.48 SD=0.63		

Students were asked whether they received an adequate theory base on which to base their clinical practice. The data in Table 18 indicates that responses varied from sometimes to always (SD=0.63), but the majority of

students felt that they had received an adequate theory base on which to base their clinical practice (M=3.48).

Table 19

Clinical Component Assistance with Integration of Classroom Theory to Nursing Care

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	2	6.9
Usually3	10	34.5
Always(Yes)4	17	58.6
No Answer	1	-
Total	30	100.0
M=3.52 SD=0.63		

The data in Table 19 indicate that the majority of students (M=3.52) felt that the clinical component of the nursing refresher program was helpful in assisting them with the integration of classroom theory to nursing care.

Table 20

Ability to Devise Nursing Care Plans

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	4	13.8
Usually3	12	41.4
Always(Yes)4	13	44.8
No Answer	1	-
Total	30	100.0
M=3.31 SD=0.71		

Students were asked to rate their ability to devise nursing care plans by program completion. The data in Table 20 indicate that responses were slightly varied (SD=0.71), but overall, the students felt that they were able to devise nursing care plans by program completion (M=3.31).

Table 21

Ability to Provide Rationale for Performance of Nursing Skills

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	3	10.3
Usually3	10	34.5
Always(Yes)4	16	55.2
No Answer	1	-
Total	30	100.0

M= 3.45 SD=0.69

Students were questioned regarding their ability to provide rationale for the performance of nursing skills in the clinical setting. The data in Table 21 indicates that responses were varied (SD=0.69), but the majority of students (M=3.45) felt that they were able to provide a rationale for the performance of nursing skills.

Table 22

Documentation(Charting) Demonstration of Sound Theoretical Basis for the Provision of Nursing Care

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	2	6.9
Usually3	15	51.7
Always(Yes)4	2	41.04
Total	30	100.10
M=3.345 SD=0.614		

Students were asked to evaluate if their documentation (charting) in the clinical setting demonstrated sound theoretical basis for the provision of nursing care. The data in Table 22 indicates that students felt that usually they could provide sound theoretical basis for nursing care in charting (M=3.35).

Table 23

Number of Clinical experiences Sufficient Opportunity to Meet Clinical Practice Objectives

(N=30)

Responses	Frequency	Percentage
Never(No)1	2	6.7
Sometimes2	2	6.7
Usually3	14	46.7
Always(Yes)4	12	40.0
Total	30	100.10
M=3.200 SD=0.847		

Table 23 refers to results from the questionnaire item which asked students to evaluate if the number of clinical experiences were sufficient to

meet the clinical practice objectives of the nursing refresher program. Responses were quite varied (SD=0.85), with the majority of students stating that there were a sufficient number of clinical experiences to meet the clinical practice objectives (M=3.2).

Table 24

Classroom/Clinical Sequencing Facilitation of Learning

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	1	3.3
Usually3	10	33.3
Always(Yes)4	19	63.3
Total	30	100.0
M=3.60 SD=0.56		

The data in Table 24 refers to results from the quesiton which asked students to rate if the classroom/clinical sequencing was helpful in facilitating their learning. The majority (M=3.60) of students felt that the classroom/clinical sequencing was helpful.

Table 25

Number of Clinical Experiences Sufficient to Develop Confidence

(n=30)

Responses	Frequency	Percentage
Never(No)1	3	10
Sometimes2	1	3.3
Usually3	15	50.0
Always (Yes)	11	36.7
Total	30	100.0
M=3.13 SD=0.90		

Students were asked if the number of clinical experiences was sufficient to develop confidence in their abilities as a practicing nurse. The data in Table 25 indicates that responses were quite varied (SD=0.90) with 10% of students indicating that the number of clinical experiences was not sufficient to develop confidence to 76.7% of students stating that the clinical experiences were usually or always sufficient to develop confidence. The mean (3.13) indicates that the majority of students did feel that the number of clinical experiences were sufficient to develop confidence.

Table 26

Adequate Feedback Received re: Clinical Performance

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	1	3.3
Usually3	6	20.0
Always(Yes)4	23	76.7
Total	30	100.0
M=3.73 SD=0.52		

Students were asked if they received adequate feedback regarding their clinical performance. The results in Table 26 indicate that there was some variation in responses in this area (SD=0.52), but the majority of students (96.7%) felt that they did receive adequate feedback (M=3.73).

Table 27

Helpfulness of Nursing Staff on Clinical Areas

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	7	23.3
Usually3	15	50.0
Always(Yes)4	26.7	26.7
Total	30	100.0
M=3.03 SD=0.72		

Table 27 refers to results from the questionnaire item which asked students to rate the helpfulness of the nursing staff on the clinical areas to which they were assigned. Students were assigned to one of two clinical areas. There was a variation in responses (SD=0.72), which may be attributed to the fact that students found the staff on one clinical area to be much more helpful than staff on the other clinical area. Overall, however the students found the staff to be helpful (M=3.03).

Table 28

Adequacy of Supervision/Assistance on Clinical Areas

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	1	3.3
Usually3	7	23.3
Always(Yes)4	22	73.3
Total	30	99.90
M=3.70 SD=0.53		

Table 28 refers to results from the questionnaire item which asked students to evaluate if they received adequate supervision and/or assistance

when on the clinical areas. Supervision may refer to that given by an instructor or a staff member with whom the student felt comfortable. The majority of students (96.6%) felt that they did receive adequate supervision or assistance in the clinical areas they were assigned to (M=3.70).

Table 29

Ability to Set Short-Term Nursing Goals

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	1	3.3
Usually3	8	26.7
Always(Yes)4	21	70.0
Total	30	100.0
M=3.67 SD=0.55		

Students were asked to evaluate if they were able to set short-term nursing goals when performing nursing care in the clinical area. The data in Table 29 indicates that the majority of students (96.7%) felt that they were able to usually or always able to set short-term nursing goals (M=3.67).

Table 30

Ability to Set Long-Term Nursing Goals

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	8	26.7
Usually3	10	33.3
Always(Yes)4	12	40.0
Total	30	100.0
M=3.13 SD=0.82		

Students were also asked to determine their ability to set long-term nursing goals. Table 30 indicates that while there was some variation in responses (SD=0.82), the mean (3.13) suggests that the majority of students felt that they were able to set long-term nursing goals.

Table 31

Ability to Priorize Patients' Needs

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	0	0
Usually3	13	43.3
Always(Yes)4	17	56.7
Total	30	100.0
M=3.57 SD=0.50		

Students were asked to rate their ability to priorize their patients' needs on the clinical area. The data in Table 31 indicated that all students felt that that they were usually or always able to priorize their patients' needs (M=3.57, SD=0.50).

Table 32

Ability to Provide Efficient/Organized Nursing Care

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	0	0
Usually3	15	50
Always(Yes)4	15	50
Total	30	100.0
M=3.5 SD=0.51		

Students were also asked to evaluate their ability to provide efficient and organized nursing care to their patients. The data in Table 32 indicates that all students (100%) felt that they were usually or always able to provide efficient and organized nursing care (M=3.5, SD=0.51).

Table 33

Helpfulness of Post-Conferences in Theory Integration

(n=30)

Responses	Frequency	Percentage
Never(No)1	1	3.3
Sometimes2	3	10.0
Usually3	8	26.7
Always(Yes)4	18	60.0
Total	30	100.0
M=3.43 SD=0.82		

Students were asked if the post-conferences conducted after clinical experiences were helpful in assisting them with theory integration. The data in Table 33 indicate the student responses were quite varied in this area (SD=0.82), yet the overall opinion of students indicates that 86.7% (M=3.43) of students felt that post-conferences usually or always were helpful in assisting with theory integration.

Table 34

Sufficient Opportunity to Practice Most Nursing Skills in the Clinical Setting

(n=30)

Responses	Frequency	Percentage
Never(No)1	1	3.3
Sometimes2	2	6.7
Usually3	10	33.3
Always(Yes)4	17	56.7
Total	30	100.0
M=3.43 SD=0.77		

Table 34 refers to results from the question which asked students if they had sufficient opportunity to practice most of the nursing skills covered in the lab practice setting. This question was asked realizing that it is not possible to practice all of the skills covered in the lab setting, but rather it is hoped that the students are able to practice most of these skills in the clinical setting. Student responses indicate a range of opinion for this question (SD=0.77), but with the majority (90%) of students stating that they usually or always had sufficient opportunity to practice most of the nursing skills (M=3.43).

Table 35

Helpfulness of Nursing Skill Practice Labs

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	0	0
Usually3	6	20.0
Always(Yes)4	24	80.0
Total	30	100.0
M=3.80 SD=.41		

Table 35 refers to student responses regarding the helpfulness of the nursing skill practice labs. All of thestudents felt that these labs were helpful in assisting with learning, with 80% of students stating that labs were always helpful (M=3.80).

Table 36

Suitability of Clinical Areas for Practice/Improvement of Nursing Skills

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	4	13.3
Usually3	10	33.3
Always(Yes)4	16	53.3
Total	30	100.0
M=3.40 SD=0.72		

Despite the slight variation in responses (SD=0.72) regarding the suitability of clinical areas for the practice and improvement of nursing skills. Table 36 indicates that the majority of students (86.6%) felt that the clinical areas were suitable. The overall mean for this question was 3.40.

Table 37

Successful Program Completion Reflection of Student Confidence Level and Ability to Practice Safe Nursing Care

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	1	3.3
Usually3	14	43.3
Always(Yes)4	16	53.3
Total	30	99.90
M=3.50 SD=0.72		

Students were asked if successful completion of the nursing refresher program provided an accurate reflection of their confidence level and ability to practice safe nursing care. The data in Table 37 indicate that the majority (96.6%) of students felt that completion of the refresher program did provide an accurate reflection of their confidence and ability level (M=3.50).

Part Two-Personal Learning Needs (Closed Ended Responses)

Tables 38 through 41 indicate student responses to questions which asked if the nursing refresher program met the students' personal learning needs. The overall results of student opinions within this area indicate that the refresher program did meet the students' personal learning needs. Note that in Tables 38 and 41, one student again did not respond to the corresponding questionnaire items, and that this response was not included in the percentages provided in the tables.

Table 38

Consideration of Personal/Individual Learning Needs

(n=30)

Responses	Frequency	Percentage
Never(No)1	2	6.9
Sometimes2	1	3.4
Usually3	10	34.5
Always(Yes)4	16	55.2
No Answer	1	-
Total	30	100.0

M=3.38 SD=0.86

Students were asked if the nursing refresher program took into consideration the students' personal/individual learning needs, both prior to commencing the program and during the program. The data in Table 38 indicated a wide variety of responses regarding this question (SD=0.86), with 2 students (6.9%) indicating that the program did not meet their personal learning needs. One student did not respond to this question. However, 89.7% of students indicated that the program usually or always met their personal learning needs, with the overall mean of 3.38.

Table 39

Personal Expectations Met by Program

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	0	0
Usually3	6	20.0
Always(Yes)4	24	80.0
Total	30	100.0

M=3.8 SD=0.41

The data in Table 39 indicates responses to the questionnaire item which asked students if their personal expectations were met by the refresher program. The mean of 3.8 suggests that this is a strength of the nursing refresher program, but this does seem somewhat contradictory to the findings in Table 38, whereby two students stated that the program did not take into consideration their personal learning needs.

Table 40

Learning Needs Met by Nursing Refresher Program

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	1	3.3
Usually3	8	26.7
Always(Yes)4	21	70.0
Total	30	100.0

M=3.67 SD=0.55

Students were asked if the nursing refresher program met their overall learning needs. The data in Table 40 indicate that while there was some variation of responses from sometimes to always (SD=0.55), the majority of students (96.7%), felt that the nursing refresher program did meet their personal learning needs (M=3.67).

Table 41

Value of Program in Meeting Personal Learning Needs of Students

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0.
Sometimes2	5	17.2
Usually3	1	3.4
Always(Yes)4	23	79.3
No Answer	1	-
Total	30	99.90
M=3.62 SD=0.77		

Students were asked to evaluate the value of the nursing refresher program in meeting their personal learning needs. Table 41 indicates a wide range of responses from sometimes to always (SD=0.77), with the majority of students (82.7%) stating that usually or always this was important to them (M=3.62).

Part Three- Professional Learning Needs (Closed Ended Responses)

Tables 42 through 47 indicate student responses to questionnaire items which asked students to evaluate the ability of the nursing care plans to meet their professional learning needs. These overall impressions include areas such as: the programs' ability to assist the student to regain the necessary self-confidence to function as a beginning practitioner; provision of a sufficient overview of the changing role of the nurse; ability to apply the nursing process in providing nursing care; ability to communicate with patients; ability to work within policies, code of ethics and the ability of the program to provide students with an adequate opportunity to review the knowledge, skills and attitudes necessary to

return to nursing. The responses in the following tables indicate that the program does succeed in all these areas.

Table 42

Nursing Refresher Program Assistance in Regaining Necessary Self-Confidence

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	1	3.3
Usually3	3	10.0
Always(Yes)4	26	86.7
Total	30	100.0
M=3.83 SD=0.46		

Students were asked to evaluate if the nursing refresher program assisted them to regain the necessary self-confidence necessary to function as a beginning practitioner. The data in Table 42 indicates that the majority of students (96.7%) felt that the nursing refresher program was beneficial in assisting them to achieve this self-confidence (M=3.83).

Table 43

Program Provision of Sufficient Overview of the Changing Role of the Nurse

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	0	0
Usually3	7	23.3
Always(Yes)4	23	76.7
Total	30	100.0
M=3.77 SD=0.43		

Table 43 refers to the questionnaire item which asked if the refresher program curriculum provided a sufficient orientation of the changing role of the nurse. The mean of 3.77 suggests that this is a strenght of the program.

Table 44
Ability to Apply the Nursing Process in the Provision of Nursing Care
(n=30)

Responses	Frequency	Percentage
Never(No)1	1	3.3
Sometimes2	0	0
Usually3	12	40.0
Always(Yes)4	17	56.7
Total	30	100.0
M=3.5 SD=0.68		

Students were asked to evaluate their ability to apply the nursing process when providing nursing care to their patients. The data in Table 44 indicates that the majority of students (96.7%) felt that they were able to apply the nursing process with only one student (3.3%), stating that she could not apply the nursing process.

Table 45
Ability to Communicate with Patients, Significant Others, Health Team Members
(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	0	0
Usually3	9	30.0
Always(Yes)4	21	70.0
Total	30	100.0
M=3.70 SD=0.47		

Students were asked to evaluate their ability to communicate with patients, staff and the patients' significant others. All students felt that they could usually or always demonstrate communication skills with these individuals. The data in Table 45 indicates that the overall mean in this area was 3.7, also suggesting that this is another strength of the nursing refresher program.

Table 46

Ability to Work Within Policies, Statutes and Code of Ethics

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	0	0
Usually3	6	20.0
Always(Yes)4	24	80.0
Total	30	100.0
M=3.80 SD=0.41		

The data in Table 46 reflects the student opinions to the questionnaire item which asked students to rate their ability to work within their legal and ethical limitations as dictated by the hospital and the Alberta Association of Registered Nurses Code of Ethics. All students felt that that could usually (20%) or always (80%) work within these limitations. The mean of 3.8 indicates that this is also a strength of the nursing refresher program.

Table 47

Program Provision of Adequate Opportunity to Review the Knowledge, Attitude and Skills Necessary to Return to Nursing

(n=30)

Responses	Frequency	Percentage
Never(No)1	0	0
Sometimes2	0	0
Usually3	6	20.0
Always(Yes)4	24	80.0
Total	30	100.0
M=3.80 SD=0.41		

Students were asked to determine if the nursing refresher program provided them with sufficient opportunity to review the necessary knowledge, skills, and attitudes necessary to return to nursing. The results in Table 47 indicate that students felt that they did receive these necessary skills usually (20%) or always (80%). The overall mean of 3.8 indicates that this is yet another strength of the nursing refresher program.

Summary of Closed Ended Student Questionnaire Responses

Overall, the student responses to the closed-ended section of the questionnaire indicated that the refresher program is very successful in meeting the students' learning needs. The overall means in questions which asked if the program was able to meet the students' personal and professional learning needs were the highest, thus indicating that these were two areas of particular strength in the refresher program. The following summary will first describe the apparent strengths of the refresher program. This will be followed by the summary of the areas of inconsistency in highly positive student responses, as indicated by a mean

of less than 3.5. These are not intended to be suggested as areas of weakness in the program, but rather these may be areas that could be examined in the future and improved upon if revisions were to be made in the program at a later date.

Strengths of the Program

1. The majority of students felt overall they were adequately informed about the refresher program (see Tables 1 through 3).
2. The majority of students felt that the objectives for the refresher program, clearly written, realistic, were appropriate in number, and presented an accurate reflection of the course content (see Tables 4 through 7).
3. The majority of students stated that the theory/classroom portion of the course was a postive learning experience for them (see Tables 8 through 16).
4. Overall, the students felt that the clinical component of the refresher program was also a positive learning experience for them (see Tables 17 through 37).
5. The results indicate that the majority of students felt that the refresher program was definitely able to meet their personal learning needs (see Tables 38 through 41).
6. The majority of students felt that the refresher program was also able to meet their professional learning needs (see Tables 42 through 47).

Areas of Inconsistency in Responses

The major areas of inconsistency regarding the theory/classroom component of the program were the following:

1. Some students felt that the number of objectives for the program were not sufficient to accommodate the content that is currently being taught in the program.
2. Some students did not always feel adequately prepared in terms of theoretical preparation for their clinical experiences.
3. Some students felt that the content was not always presented in a logical and organized manner.
4. Examination results do not always accurately reflect student knowledge level.
5. Instructional strategies utilized were not always effective.

The major areas of inconsistency regarding the clinical component of the program were the following:

1. Some students perceived that they had a less than adequate theory base on which to base their clinical practice.
2. Students were not always able to provide a sound rationale for the provision of nursing skills in the clinical setting.
3. Students did not always feel competent in their ability to devise and implement nursing care plans.
4. Charting does not always demonstrate sound theoretical basis for nursing care.
5. The number of clinical experiences did not always provide sufficient opportunity to meet the clinical objectives of the program.
6. The number of clinical experiences were not always sufficient to develop student confidence.
7. Staff on the nursing units were not always helpful.
8. Students did not feel that they were always able to provide efficient and organized nursing care.

9. Post-conferences were not always helpful to the students in the integration of theory.

10. There was not always sufficient opportunity to practice nursing skills that were covered in the lab practice setting.

11. The clinical practice areas were not always suitable for practice and improvement of nursing skills.

12. Successful completion of the program does not always reflect student confidence level.

13. Students did not feel that they were consistently able to apply the nursing process in the clinical setting.

Part Four-Open-Ended Student Questionnaire Results

The following section (tables 48 through 55) indicate the results of the open ended questions located at the end of the student questionnaires. These responses include: the students' reasons for choosing the nursing refresher program; the strengths of the refresher program; suggestions for improvement of the refresher program in the specific areas of the overall curriculum plan, classes, content and/or clinical areas that should be added to the program; methods of teaching; clinical experiences, and other miscellaneous areas that may have been omitted in the questionnaire. It should be noted that the total number of student responses in the following tables may not correspond directly with the number of students included in the study since these were open ended responses. Some students may have chosen not to answer this question and some may have made one or more comments in this section of the questionnaire.

Table 48

Reasons for Choosing the Refresher Program

(n=30)

Responses	Frequency	Percentage
Need it to renew license	1	3.0
To continue education-B.Sc.N	1	3.0
To challenge myself	1	3.0
Short duration of program	2	6.1
Reduced cost of program	2	6.1
Funding availability	2	6.1
More closely supervised by instructors	2	6.1
Personal recommendation	3	9.1
More structured-not self-directed	7	21.2
Best program available	1	3.0
More practical(clinical) experience	2	6.1
More interaction from peers/instructors	4	12.1
Wanted 'hands on' experience	1	3.0
Wanted an intensive experience	1	3.0
Hospital setting	1	3.0
Timing of program (e.g., April)	1	3.0
Location of program	1	3.0
Total	33	100

Table 48 indicates that although there were a wide variation in the responses as to why students chose the refresher program, among the most salient of these responses included the fact that the program provided a more structured approach to learning as opposed to a more self-directed approach; students desired more interaction from peers and instructors than a more self-directed learning approach might offer; the reduced cost of the program; that the program offered the option of funding; that there was more practical experience available; the shorter duration of the program; and that the program was personally recommended.

Table 49

Strengths of the Nursing Refresher Program

(n=30)

Responses	Frequency	Percent
An excellent program	1	1.9
The clinical nursing practice	3	5.7
Well-organized program	1	1.9
More personal program	1	1.9
More closely supervised	3	5.7
Very good instructors (e.g., caring)	8	15.1
Instructors who were ex-refreshers	1	1.9
Helpfulness of nursing staff on wards	1	1.9
Short duration/length of program	7	13.2
Group Peer Support	12	22.6
Experience of fun and learning	1	1.9
Gives student self-confidence	1	1.9
More 'hands on' experience	2	3.8
Hospital based program (not college)	1	1.9
Objectives clear and appropriate	1	1.9
Clinical/Classroom integration	2	3.8
Course material adequate and functional	1	1.9
Funding is available if necessary	1	1.9
Freedom to ask questions	1	1.9
Educational material geared to adults	1	1.9
Both medical and surgical postings	1	1.9
General feeling that we will succeed	1	1.9
Starting course mid-week	1	1.9
Total	53	100

Although there was a wide variation in student responses regarding strengths of the refresher program, Table 49 indicates that some of the most salient strengths include the group/peer support; the instructors, several of whom were also former refresher students; the short duration of the program; the fact that the program is closely supervised as opposed to the other more self-directed learning program offered in Alberta; and the clinical practice offered by the refresher program.

Table 50

Areas for Improvement-Overall Curriculum Plan

(n=30)

Responses	Frequency	Percentage
Be more specific re: pre-study	4	26.7
More detailed curriculum	1	6.7
Have more specific objectives	1	6.7
Objectives match class presentations	2	13.3
Redistribute heavy and lighter theory	2	13.3
More opportunity for 'hands on' experience	1	6.7
Get a good text book	2	13.3
Meet with a former refresher before starting program	1	6.7
Receive objectives at an earlier date	1	6.7
Total	15	100

Table 50 indicates student responses regarding suggestions for improvement in the overall curriculum plan of the refresher program. The most salient points from these comments appear to be that the program should have a more detailed curriculum with more specific objectives and which more closely coincide with the class presentations. In addition, students felt that the pre-study package expectations should be more clearly specified prior to commencing the program, and that a good textbook should be found and utilized.

Table 51

Areas for Improvement-Specific Classes

(n=30)

Responses	Frequency	Percentage
Need more balance in classes-some too scanty, some too detailed	1	2.9
Respiratory classes too complicated	1	2.9
Pediatrics-include more information	1	2.9
Endocrine-more time needed	1	2.9
Gastro-intestinal class-more time	8	23.5
Genito-urinary class-more time	7	20.6
Add class on patient teaching needs	1	2.9
Add class on specific case presentations of patients on wards	1	2.9
More detailed physical assessment class	3	8.8
Add more content on specialty areas (e.g., obstetrics, pediatrics)	2	5.8
Add class on how to assess/priorize/ organize	2	5.8
Delete class on computers	3	8.8
Include class on what is available in nursing profession for career options	2	5.9
Should adhere to class outline more	1	2.9
Total	34	100

Table 51 refers to student suggestions for improvement in specific classes taught in the nursing refresher program. Some of the most common comments made by students included that the classes related to the genito-urinary, gastro-intestinal systems and physical assessment all required more emphasis and more class time. Other suggestions included: the inclusion of a class related to career options available in the nursing profession, how to assess, priorize and organize nursing care; the addition of more content in specialty areas such as obstetrics, pediatrics, and intensive care.

Table 52

Areas for Improvement-Content/Clinical Areas that Should be Added to Program

(n=30)

Responses	Frequency	Percentage
Program should be extended to 12-14 weeks (too much information)	1	3.6
Shift work should be added	1	3.6
Expanded course outlines with clearly outlined objectives	1	3.6
One day experience with a unit clerk	1	3.6
Increase clinical practice experience	6	21.4
More realistic workload on units (e.g., increase numbers of patients)	2	7.1
Add pharmacology content	3	10.7
4 different clinical areas instead of 2	1	3.6
Tour of various departments/units available to work in	3	10.7
General surgical experience (gyne. and ortho. too specialized)	5	17.9
More pathophysiology, medical/surgical content	1	3.6
Gastro-intestinal and genito-urinary content be combined-less repitition	3	10.7
Total	28	100

Table 52 includes student comments related to content or clinical areas that they felt should be added to the program. Some of the most salient comments in this category included: an increase in the number of clinical practice experiences (21.43% of respondents); a more realistic workload on units by increasing the number of patients assignments students are assigned to (7.14%); utilization of a general surgical clinical experience as opposed to gynecology and orthopedic units students are presently assigned to (17.88%); the addition of pharmacology content to the curriculum (10.71%); combining the genito-urinary class and gastro-intestinal class to decrease repetition of content (10.71%); and the inclusion

of tour of the various departments/units in the hospital that students may be able to find employment (10.71%).

Table 53

Areas for Improvement-Methods of Teaching

(n=30)

Responses	Frequency	Percentage
Less role playing	1	4.8
More handouts	10	47.6
More specific reading assignments	1	4.8
Some poor teaching (e.g., reading from overheads in class)	1	4.8
Instructors with more clinical experience	1	4.8
More outline notes-less notetaking	2	9.5
Exam questions based on pre-study or lecture material	1	4.8
Better A-V equipment organization	1	4.8
Worksheets similar to those used in other refresher program	1	4.8
More variety in methods of teaching (e.g., less group work)	2	9.5
Total	21	100

Table 53 refers to student comments regarding their suggestions for improvement in the methods of teaching presently utilized in the refresher program. Among the most common comments in this area were the following: more handouts and outlines should be provided so students would not feel so rushed and compelled to take notes during class time (57.14%); exam questions should be more closely based on pre-study or lecture material (4.76%); and that more variety should be used in the methods of teaching (9.52%).

Table 54

Areas for Improvement-Clinical Experiences

(n=30)

Responses	Frequency	Percentage
Increase patient load (e.g., increase numbers of patients and complexity)	2	10.0
Increase number of clinical experiences	2	10.0
Include shift work (e.g., with buddy)	2	10.0
Include option of more clinical time	1	5.0
Longer period of buddy system	1	5.0
More opportunity for 'hands on' experience (e.g., I.V's, pumps)	1	5.0
More general surgical experience	2	10.0
Make sure staff on units know what level students are at	6	30.0
Let students seek their own challenges	1	5.0
More I.V. experiences	1	5.0
Include tour of pediatrics unit	1	5.0
Total	20	100

Table 54 refers to student suggestions for improvement in the clinical aspect of the nursing refresher program. Most of the responses indicated that students would like to see some aspect of the clinical experiences either increased or altered in some way. Several students recommended that the number of clinical experiences be increased (15% of respondents). Recommendations were also made that students should be given the option of more clinical experiences if they so desired, and increasing the patient assignment load both in terms of numbers of patients and complexity of assignment in order to be better prepared for actually working at a later date. In addition, 30% of students indicated that staff on the clinical areas should be made more aware of the level of student prior to students being sent to their units. The inclusion of shift work was also suggested as an area of clinical practice and one student responded with the comment that refresher students should be encouraged to seek out more of their own

learning experiences. Despite the fact that only one student commented on this, this is considered to be a valuable suggestion which would accommodate not only the needs of the adult learner in general but also meet many of the clinical learning needs of the refresher students mentioned above.

Table 55
Areas for Improvement-Other/Miscellaneous
(n=30)

Responses	Frequency	Percentage
Parking needs improvement	9	56.3
More specific information re: financial assistance	6	37.5
Increase number of students in program in order to retain program	1	6.3
Total	16	100

Table 55 includes comments and suggestions from students that may not have fit under any of the other areas outlined in the questionnaire. Major suggestions in this category include the improvement of parking facilities for refresher students, and the provision of more specific information regarding the availability of financial assistance for students entering the program.

Summary of Open Ended Student Questionnaire Responses

The major findings from the open ended responses on student questionnaire are divided into the following areas:

Reasons why students chose the nursing refresher program included the following:

1. The program provided more structure than a self-directed learning approach such as that offered at the other refresher program offered in Alberta;

2. There was more interaction/support from peers and instructors;
3. The reduced cost of program;
4. Funding option was available;
5. More practical (clinical) experience available;
6. Shorter duration of program;
7. Program came personally recommended.

Strengths of the nursing refresher program included the following:

1. Group/Peer support;
2. Very good instructors;
3. Shorter duration of program;
4. Closely supervised program;
5. Provision of more clinical practice.

Suggested areas for improvement for the overall curriculum included the following:

1. Provide a more detailed curriculum with more specific objectives;
2. Objectives should more closely coincide with class presentations;
3. Pre-Study expectations should be more clearly specified prior to commencing refresher program.
4. Utilization of a good textbook.

Suggested areas for improvement for specific classes included the following:

1. More time and emphasis on gastro-intestinal class;
2. More time and emphasis on genito-urinary class;
3. Addition of a class on career options;
4. Addition of a class on how to assess, priorize and organize nursing care;

5. More content on specialty areas such as obstetrics, pediatrics.

Suggested areas for improvement-content/clinical areas that should be added included the following:

1. More clinical practice experience;
2. More realistic workload on units (e.g., increase numbers of patients and/or complexity of illnesses);
3. Addition of pharmacology content;
4. Tour of various units available to work in;
5. General surgical experience as opposed to gynecology and orthopedic surgical experiences;
6. Gastro-intestinal and genito-urinary classes should be combined to decrease repetition of content.

Suggested areas for improvement-methods of teaching included the following:

1. More handouts, outlines;
2. Exam questions should be based on more pre-study or lecture material;
3. More variety in teaching methods.

Suggested areas for improvement-clinical experiences include the following:

1. Increase number of clinical experiences;
2. Include option of increasing numbers of clinical experiences for students who desire this;
3. Consider possibility of shift work;
4. Make sure staff know the level of student prior to arrival on ward;

5. Let students seek out their own challenges and learning experiences.

Suggested areas for improvement-other, miscellaneous included the following:

1. Parking should be more available to students who require it;
2. Funding alternatives should be made more accessible to all students who enter the program.

Instructor Questionnaire Results

The following tables indicate the results of the instructor questionnaire responses. The instructor questionnaires followed the same format as that used for the student questionnaires. Part One of the questionnaire was divided into two sections. The first section examined instructor perceptions regarding the theory component of the program while the second section examined instructor perceptions with respect to the clinical component of the program. Part Two of the questionnaire asked instructors to evaluate if the refresher program was able to meet the students' personal learning needs while Part Three examined the ability of the program to meet the students' professional learning needs. The instructors were asked to respond in Part Four of the questionnaire by offering their overall impressions of the refresher program utilizing an open ended format. At the conclusion of each section, a summary of instructor responses will be presented.

Part One-Theory Component (Closed Ended Responses)

Tables 56 through 57 indicate the results of instructor responses to questions which asked if students who entered the nursing refresher program were adequately informed about the refresher program (overall), the course content of the program, and the academic expectations of the

program. The results described in the following tables indicate that the instructors felt that students were adequately informed in each of these areas.

Table 56

Adequate Information re: Program Received by Students (as perceived by Instructors)

(n=2)

Responses	Frequency	Percent
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	0	0
Always(Yes) 4	2	100
Total	2	100

The results in Table 56 indicate that both instructors perceived that students in the refresher program received adequate information regarding the refresher program (e.g., course content, objectives) prior to enrolling in the program.

Table 57

Student Awareness of Time/Personal Commitments re: Program (as perceived by instructors)

(n=2)

Responses	Frequency	Percent
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	0	0
Always(Yes) 4	2	100
Total	2	100

The data in Table 57 refer to instructor perceptions regarding student awareness of the time/personal commitments necessary to complete the refresher program, prior to commencing the refresher program. Both instructors felt that the students who entered the program were well aware of the time and personal commitments that were necessary for successful completion of the refresher program.

The data in Tables 58 through 62 report instructor opinions to questionnaire items that related to the objectives of the refresher program in areas which specifically included: reflection of the overall philosophy of the hospital and the refresher program in the teaching-learning objectives of the program; clarity and conciseness of the individual classes; adequacy of the number of course objectives and if these were realistic for the learner; and if the actual class content taught was reflected in the teaching-learning objectives of the program. The two instructors felt that for the most part the objectives were effective in all these areas, with the exception of one instructor who stated that there were only sometimes an adequate number of objectives for the amount of material covered and that the overall philosophy of the program is only sometimes reflected in the teaching and learning objectives of the program. These findings suggest that these may be two areas that could be examined in the program: that the overall philosophy could be reflected more consistently in the objectives and that the number of objectives could be increased to accommodate the amount of material covered.

Table 58

Overall Philosophy reflected in Teaching-Learning Objectives of the Program (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	1	50
Usually 3	0	0
Always(Yes) 4	1	50
Total	2	100

Instructors were asked to evaluate if the overall philosophy of the hospital and the refresher program was reflected in the teaching- learning objectives of the refresher program. The data in Table 58 indicates that one instructor felt that only sometimes was the philosophy reflected whereas one instructor felt that the philosophy was always reflected in teaching-learning objectives of the program.

Table 59

Clarity and Conciseness of Objectives (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	1	50
Always(Yes) 4	1	50
Total	2	100

Table 59 refers to instructor opinion as to the clarity and conciseness of the objectives for the individual classes taught in the refresher program.

Both instructors felt that usually or always the classes taught in the program were clear and concise.

Table 60

Realistic Course Objectives (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	1	50
Always(Yes) 4	1	50
Total	2	100

Instructors were asked if in their opinion, the objectives used to teach students in the refresher program were realistic for the level of student. The data in Table 60 indicates that one instructor felt that usually these objectives were realistic and the other instructor felt that the objectives were always realistic. Instructor comments thus indicate that for the most part objectives used in the refresher program were realistic for the level of student in the program.

Table 61

Adequacy of Course Objectives for the Amount of Material Covered (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	1	50
Usually 3	0	0
Always(Yes) 4	1	50
Total	2	100

Table 61 refers to instructor opinion regarding the adequacy of course objectives in relation to the amount of material covered in the program. There was some discrepancy of opinion in this area with one instructor stating that there were always an adequate number of objectives and one instructor stating that only sometimes was there an adequate number of objectives for the amount of material covered. These findings suggest that the number of objectives used to cover the material could be examined and increased to more adequately accommodate the amount of material covered in the classroom.

Table 62

Actual Class Content Reflected by the Teaching-Learning Objectives (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	1	50
Always(Yes) 4	1	50
Total	2	100

Instructors were asked if in their opinion, the actual content that is taught in the refresher program is reflected by the stated teaching and learning objectives of the program. The data in Table 62 indicates that both instructors felt that the actual class content covered was usually or always reflected by the teaching and learning objectives of the program.

Tables 63 through 71 refer to instructor responses to questionnaire items which related to the adequacy of classroom instruction in the refresher program in areas such as: instructors' acknowledgement of the

student's previous knowledge and skill level; adequacy of content taught in preparing students for their clinical experiences; logical and organized presentation of content; whether examinations provided an accurate reflection of the students' knowledge and skill level; whether a variety of instructional strategies were used in the presentation of course material; the adequacy of learning resources; the adequacy of classroom facilities; the adequacy of lab practice facilities; and the appropriateness and applicability of the selected reading materials. Both instructors felt that the refresher program was successful in most of these areas. The only exception to this is indicated in Table 66 wherein one instructor felt that the examinations used in the program only sometimes provided an accurate reflection of the students' knowledge and skill level while the second instructor felt that the examinations usually provided an accurate reflection. This suggests that examinations may be one area for future revision in the refresher program.

Table 63

Instructor Acknowledgement of Students' Previous Knowledge and Skill Level (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	0	0
Always(Yes) 4	2	100
Total	2	100

Instructors were asked to rate their ability to acknowledge the students' previous knowledge and skill level when teaching the refresher program. The data in Table 63 indicates that both instructors felt that they

did fully acknowledge the students' knowledge and skill level when teaching the refresher program.

Table 64

Adequacy of Classroom Content Preparation for Clinical Experience (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	1	50
Always(Yes) 4	1	50
Total	2	100

The results described in Table 64 indicate instructor perceptions regarding the adequacy of classroom content in preparing students for their clinical experiences. Both instructors felt that usually or always the content taught in the refresher program was adequate in preparing students for their clinical experience.

Table 65

Logical and Organized Presentation of Classes (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	2	100
Always(Yes) 4	0	0
Total	2	100

Instructors were asked to rate the amount of organization and logic used in the presentation of the classes in the refresher program. The data

in Table 65 indicates that both instructors felt that usually the classes taught in the refresher program were presented in a logical and organized manner.

Table 66

Ability of Examinations to Present an Accurate Reflection of Student/Knowledge and Skill Level

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	1	50
Usually 3	1	50
Always(Yes) 4	0	0
Total	2	100

Instructors were asked if examinations used in the refresher program presented an accurate reflection of the students' knowledge and skill level. The data in Table 66 indicates that one instructor felt that examinations only sometimes provided an accurate reflection of the students' knowledge and skill level. The second instructor felt that the examinations usually provided an accurate reflection of the students' knowledge and skill level. These results suggest that examinations may be one area for possible revision in the refresher program.

Table 67

Variety of Instructional Strategies Used to Present Content (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	0	0
Always(Yes) 4	2	100
Total	2	100

Instructors were asked whether a variety of instructional strategies (e.g., lecture, case study, group discussion) were used in the presentation of content in the refresher program. The data in Table 67 indicates that both instructors felt that the program always utilized a variety of instructional strategies.

Table 68

Adequacy of Learning Resources (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	1	50
Always(Yes) 4	1	50
Total	2	100

Instructors were asked to evaluate if the learning resources used in the refresher program were adequate to support the content and learning of the program. The data presented in Table 68 indicates that both instructors felt that the learning resources (e.g., classroom, lab practice facilities,

handouts, etc.) utilized overall were usually or always adequate to support the content and learning of the program.

Table 69

Adequacy of Classroom Facilities (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	0	0
Always(Yes) 4	2	100
Total	2	100

The results indicated in Table 69 refer to instructor opinion regarding the adequacy of classroom facilities and if these were able to support the content and learning of the refresher program. Both instructors felt that the classroom facilities were adequate.

Table 70

Adequacy of Lab Practice Facilities (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	0	0
Always(Yes) 4	2	100
Total	2	100

Instructors were asked to rate the adequacy of the lab practice facilities and the ability of these facilities to support the content and learning of the refresher program. The data in Table 70 indicates that both instructors felt that the lab practice facilities were adequate.

Table 71

Appropriateness and Applicability of Reading Materials (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	1	50
Always(Yes) 4	1	50
Total	2	100

Instructors were asked to indicate their opinions regarding the appropriateness and applicability of the reading materials used in the refresher program. The data in Table 71 suggests that both instructors felt that the reading materials were either usually or always appropriate and applicable.

Clinical Component (Closed Ended Responses)

Tables 72 to 80 provide instructor responses related to evaluation of the clinical component of the nursing refresher program. Unfortunately one of the instructors was not able to complete all the responses related to the clinical practice component because she did not work with the students throughout their entire clinical practice experience. Where both instructors were able to provide input, tables were used. However, in instances where only one instructor provided a response only a summary statement will be used to describe her opinion in regards to that item on the questionnaire.

The data reported in Tables 72 to 77 indicate that most of the instructor responses related to the clinical component of the program are

that students do exhibit a good theory base in each of the following areas: their clinical practice, in the performance of their charting (documentation), in devising and implementing nursing care plans and in providing a rationale for their nursing care. The exceptions to this are that one instructor felt that the clinical objectives for the program were clearly stated sometimes and the other instructor felt that these were usually clearly stated; one instructor also felt that students were able to devise and implement nursing care plans sometimes whereas the other instructor felt that students were always able to perform this skill; one instructor felt that students could only demonstrate sound theoretical basis for their charting sometimes and the other instructor felt that the students could consistently demonstrate this. These varied findings suggest that the following may be areas for possible revision in the refresher program: clear statement of the clinical objectives for the refresher program; further instruction in devising and implementing nursing care plans; and in documentation (charting) skills.

Table 72

Clarity of Clinical Objectives (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	1	50
Usually 3	1	50
Always(Yes) 4	0	0
Total	2	100

The data in Table 72 indicate that one instructor felt that the objectives of the refresher program were stated clearly sometimes while the

other instructor felt that these were usually clearly stated. These results suggest that clearer statement of the clinical objectives could be an area for revision in the future.

Table 73

Adequacy of Student Theory Base During Clinical Experiences (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never (No) 1	0	0
Sometimes 2	0	0
Usually 3	1	50
Always (Yes) 4	1	50
Total	2	100

Instructors were asked to evaluate the adequacy of the students' theory base during clinical experiences. The data in Table 73 indicate that both instructors felt that students did exhibit a sound theory base on which to practice.

Table 74

Ability of Clinical Component to Assist Students with Theory Integration to Nursing Practice (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	1	50
Always(Yes) 4	1	50
Total	2	100

Instructors were asked to evaluate the ability of the clinical component to assist students with theory integration in their nursing practice. The data in Table 74 indicate that both instructors felt that for the most part the clinical component was successful in assisting students with theory integration into their nursing practice.

Table 75

Student Ability to Devise and Implement Nursing Care Plans (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	1	50
Usually 3	0	0
Always(Yes) 4	1	50
Total	2	100

Instructors were asked to rate the ability of students to devise and implement nursing care plans in the clinical setting. The data in Table 75 indicate that there was some discrepancy of opinion wherein one instructor felt that students were only able to demonstrate this skill sometimes while the second instructor felt that students were always able to demonstrate the skill.

Table 76

Student Ability to Provide a Rationale for the Performance of Nursing Skills (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	1	50
Always(Yes) 4	1	50
Total	2	100

The data in Table 76 refers to instructor opinion regarding the students' overall ability to provide a rationale for the performance of nursing skills in the clinical area. Both instructors felt that students were able to provide a rationale for the performance of nursing skills in the clinical setting.

Table 77

Demonstration of Theoretical Basis for Providing Nursing Care in Documentation/Charting (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	1	50
Usually 3	0	0
Always(Yes) 4	1	50
Total	2	100

Instructors were asked if students in the refresher program demonstrated a sound theoretical basis in the description of their nursing care when documenting or charting in the clinical setting. The data in

Table 77 indicates that one instructor felt that students were only sometimes able to demonstrate a sound theoretical basis for providing nursing care, while the second instructor felt that students were consistently able to demonstrate skill in this area.

Tables 78 through 80 indicate instructor responses related to the adequacy of the number of clinical experiences in assisting students to meet the clinical objectives and develop confidence, and the sequencing of the classroom and clinical experiences. The data in Table 81 refer to the instructors' opinion with regard to being able to provide adequate feedback to students in the clinical area. Both instructors were of the opinion that the program definitely did have a sufficient number of objectives to enable students to meet the clinical objectives of the program and to develop the necessary confidence. They also felt that the sequencing of the clinical and classroom portions of the program was adequate and that they were able to provide sufficient feedback to students regarding their performance in the clinical area.

Table 78

Adequacy of Number of Clinical Experiences to Meet Clinical Objectives (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	1	50
Always(Yes) 4	1	50
Total	2	100

Table 78 refers to instructor opinion of the adequacy of the number of clinical experiences necessary for students to meet the clinical objectives of the refresher program. Instructors felt that for the most part the number of clinical experiences was adequate to assist students in meeting the clinical objectives.

Table 79

Sequencing of Classroom and Clinical Facilitation of Maximum Student Learning (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	0	0
Always(Yes) 4	2	100
Total	2	100

The data in Table 79 refer to instructor opinion regarding the sequencing of classes and clinical practice experiences and whether this sequencing provided for maximum learning on the part of the students. Both instructors felt that the sequencing contributed to maximum student learning.

Table 80

Adequacy of Number of Clinical Experiences to Enable Students to Develop Confidence (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	0	0
Always(Yes) 4	2	100
Total	2	100

Instructors were if asked the number of clinical experiences in the refresher program was sufficient for students to develop confidence in their abilities. The data in Table 80 indicate that both instructors felt that the number of clinical experiences was sufficient to develop student confidence.

Table 81

Ability to Provide Adequate Feedback to Students (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	1	50
Always(Yes) 4	1	50
Total	2	100

The data in Table 81 indicate the results of the questionnaire item in which instructors were asked if they felt that they were able to provide adequate feedback to students regarding their performance in the clinical

setting. The instructors felt that they were able to provide adequate feedback to students in the clinical setting.

For the following questionnaire items, only one instructor provided a response. As a result, tables will not be used to present this data. Instead, a title indicating the major focus of the questionnaire item will be listed. This will be followed by a brief statement of the single instructor results.

Helpfulness of Nursing Staff in Clinical Areas (as perceived by instructor) n=1

This questionnaire item asked the instructor if the nursing staff on the clinical units the students were assigned to were helpful to both the students and the instructor. The instructor felt that the staff on the clinical area she was assigned to were always helpful.

Adequacy of Supervision Available in Clinical Areas (as perceived by instructor) n=1

This questionnaire item asked the instructor opinion as to the adequacy of supervision in the performance of skills and procedures on the clinical areas. Supervision may refer to either the instructor or competent staff members on the units. The instructor felt that usually there was sufficient supervision from either herself or a capable staff member on the clinical areas.

Ability of Students to Set Short-Term Goals (as perceived by instructor) n=1

This questionnaire item asked the instructor if the refresher students were able to set short-term goals when providing patient care in the clinical areas. The instructor felt that in her experience students were usually able to set short-term goals.

Ability of Students to Set Long-Term Goals (as perceived by instructor) n=1

The questionnaire asked the instructors if students were able to set long-term goals when providing nursing care. The instructor who responded stated that students were only sometimes able to set long-term goals in the clinical setting, indicating that this may be an area for future addition to the curriculum content of the refresher program.

Ability of Students to Priorize Patient Needs (as perceived by instructor) n=1

In addition to being asked if students are able to set long-term goals for patient care, instructors were asked if in their opinion, students were able to priorize patient needs. The instructor response was that students were only able to priorize their patients' care sometimes, also indicating that this could be the focus for additional content to the refresher curriculum.

Student Ability to Perform Nursing Care in a Efficient, Organized Manner (as perceived by instructor) n=1

Instructors were asked if students were able to provide nursing care in an efficient and orderly manner in the clinical setting. The instructor response was that usually students were able to provide nursing care in a logical and organized manner.

Post-Conferences Usefulness in the Integration of Theory from the Classroom to the Clinical Setting (as perceived by instructors) n=1

This questionnaire item asked if clinical post-conferences were helpful in assisting students with the integration of theory from the classroom to the clinical setting. The instructor response to this item was that post-conferences were always useful in the assisting with the integration of theory.

Student Opportunity to Practice the Majority of Nursing Skills Reviewed in the Lab Setting (as perceived by instructors) n=1

Instructors were asked if the refresher students had sufficient opportunity to practice the majority of the nursing skills that had previously been addressed in the laboratory setting. The instructor response to this question was that students always had sufficient opportunity to practice most of the nursing skills.

Usefulness of Nursing Skill Labs in Assisting with the Improvement of Student Performance of Skills in the Clinical Setting (as perceived by instructors) n=1

Instructors were asked if the nursing skill labs were helpful in assisting students with the later performance of their skills in the clinical setting. The instructor stated that the nursing skill labs were always useful in assisting students with the subsequent performance of skills in the clinical setting.

Suitability of Clinical Areas For Student Practice of Nursing and Organizational Skills (as perceived by instructors) n=1

This questionnaire item asked instructors if the areas chosen for clinical practice were suitable for the practice of nursing and organizational skills considering the level of students in the refresher program. The instructor who responded stated that usually the clinical areas utilized did provide a suitable environment for students to practice nursing and organizational skills.

Successful Completion of Clinical Component Reflection of Student Confidence and Ability to Practice Safe Nursing Care (as perceived by instructors) n=1

Instructors were asked to evaluate whether successful completion of the clinical component provides an accurate reflection of the refresher students' confidence and ability to practice safe nursing care. The instructor response to this question was that successful completion of the refresher program always provided an accurate reflection of the students' confidence level and ability to provide safe nursing care.

Part Two-Personal Learning Needs (Closed Ended Responses)

Tables 82 through 84 indicate instructor responses to the questionnaire items which asked if the personal learning needs of the students in the program are met. The instructor responses in this area indicate that the nursing refresher program is able to assist students to meet their personal learning needs. This viewpoint was also supported by the results of the student responses and interview results and therefore is considered to be one of the predominant strengths of the refresher program.

Table 82

Ability of Refresher Program to Consider Personal Learning Needs (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	1	50
Always(Yes) 4	1	50
Total	2	100

The data in Table 82 indicate that instructors in the refresher program consider that the program is usually or always able to consider the personal learning needs of its' students.

Table 83

Ability of Refresher Program to Assist Students to Meet their Personal Learning Needs (as perceived by instructors)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	1	50
Always(Yes) 4	1	50
Total	2	100

Instructors were asked to evaluate the ability of the nursing refresher program to meet the students' personal learning needs. The data in Table 83 indicate that instructors in the refresher program perceive that the program was usually or always able to assist students to meet their personal learning needs.

Table 84

Meeting of Personal Learning Needs Value in the Nursing Refresher Program (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	0	0
Always(Yes) 4	2	100
Total	2	100

The results indicated in Table 84 describe instructor perceptions as to the value they place on the refresher program in meeting the students' personal learning needs. Both instructors felt that the meeting of the students' personal learning needs definitely had value.

Part Three-Professional Learning Needs (Closed Ended Responses)

Tables 85 through 90 refer to instructor responses to questionnaire items which asked if the refresher program was able to meet the students professional learning needs. The results indicate that both instructors were of the opinion that the refresher program was definitely able to meet the students' professional learning needs. Specific areas that were addressed included: the ability of the refresher program to assist students in gaining confidence; provision of a sufficient overview of the changing role of the nurse; student ability to demonstrate effective communication skills; student ability to work within professional guidelines; the ability of the program to provide sufficient opportunity for students to regain the necessary knowledge, skills and attitudes that are necessary to return to the practice of nursing. The only area that one instructor felt was lacking was in the students' ability to apply the nursing process consistently. Content related to the nursing process may therefore be considered to be an area for revision in future refresher classes.

Table 85

Nursing Refresher Program Assistance in Regaining of Student Confidence (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	1	50
Always(Yes) 4	1	50
Total	2	100

The data in Table 85 refer to the questionnaire item which asked instructors if the refresher program assisted students to regain the necessary confidence to function as a professional nurse at the level of a beginning practitioner. Both instructors felt that the refresher program, for the most part was instrumental in facilitating the necessary student confidence to return to the profession.

Table 86

Nursing Refresher Program Provision of Sufficient Overview of Changing Role of the Nurse (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	0	0
Always(Yes) 4	2	100
Total	2	100

The results described in Table 86 refer to the questionnaire item that asked instructors if the refresher program provided students with a

sufficient overview of the changing role of the nurse in today's health care delivery system. Both instructors felt that the refresher program definitely did provide students with sufficient knowledge in this area.

Table 87

Student Ability to Apply the Nursing Process (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	1	50
Usually 3	0	0
Always(Yes) 4	1	50
Total	2	100

Instructors were asked to evaluate the students' ability to apply the nursing process when providing nursing care. The data described in Table 87 indicate that one instructor felt that students were only able to apply the nursing process sometimes and the second instructor felt that students were able to perform this skill consistently in the clinical setting. This discrepancy suggests that content related to the nursing process may be one area for revision in future refresher classes.

Table 88

Student Ability to Demonstrate Effective Communication Skills (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	1	50
Always(Yes) 4	1	50
Total	2	100

The instructors were asked to evaluate if students were able to demonstrate effective communication skills with their patients, patients' significant others, and other health team members. The data in Table 88 indicate that the instructors felt that students in the refresher program were for the most part able to demonstrate effective communication skills in the clinical setting.

Table 89

Student Ability to Work within Professional Guidelines (as perceived by instructors) (n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	0	0
Always(Yes) 4	2	100
Total	2	100

Instructors were asked to rate the students' ability to work within the policies, statutes, and code of ethics relevant to the profession. The data in

Table 89 indicate that both instructors felt that the refresher students were able to work well within their professional guidelines.

Table 90

Nursing Refresher Program Provision of Adequate Opportunity to Update Knowledge, Skills and Attitudes (as perceived by instructors)

(n=2)

Responses	Frequency	Percentage
Never(No) 1	0	0
Sometimes 2	0	0
Usually 3	0	0
Always(Yes) 4	2	100
Total	2	100

The final questionnaire item asked instructors if in their opinion the refresher program provided students with adequate opportunity to review the knowledge, skills and attitudes necessary to return to the practice of nursing. Table 90 indicate that both instructors felt that the refresher program was definitely able to provide students with these necessary skills.

Summary of Closed Ended Instructor Questionnaire Responses

Overall the instructor responses to the closed ended section of the questionnaire were similar to those found in the student questionnaire results. The instructors indicated that the refresher program is very successful particularly in meeting the students' personal and professional learning needs. The following summary will first present the apparent strengths of the program. This will than be followed by a summary of the areas of inconsistency in highly positive instructor responses. As stated in the student summary, these areas of inconsistency are not intended to be suggested as areas of weakness in the program, but rather as areas that

could be examined if the refresher program were to be revised at a later date. Since only two instructors were surveyed and one of these instructors declined to answer several of the questions related to the theory component of the program, any generalizations about these results should be undertaken with caution.

Strengths of the Program

1. The instructors both felt that the students' were adequately informed about the refresher program (see Tables 56 through 57);
2. Both instructors felt that overall the classes were clearly presented, that the course objectives were realistic and that the actual content that was taught was reflected by the teaching and learning objectives for the course (see Tables 59, 60, 62);
3. Overall, both instructors felt that the classroom/theory portion of the program was a positive experience for the students (see Tables 63 through 65, 67 through 71);
4. Both instructors felt that students did exhibit a sound theory base on which to practice, and in providing a rationale for their nursing care (see Tables 73, 74 and 76);
5. Both instructors felt that there were an adequate number of clinical experiences to meet the objectives of the refresher program, develop student confidence, that the sequence of classroom and clinical experiences was adequate and that they were able to provide adequate feedback to the students (see Tables 78 through 81);
6. Only one instructor was able to complete the remainder of the questionnaire items that related to the clinical component of the program. These results indicated that in her opinion the clinical

component of the program was a very positive learning experience for the students (see n=1 Instructor Responses);

7. Both instructors felt that the nursing refresher program was very successful in meeting the students' personal learning needs (see Tables 82 through 84);

8. Both instructors indicated that the refresher program was also successful in meeting the students' professional learning needs (see Tables 85 through 90).

Areas of Inconsistency in Responses

The major areas of inconsistency regarding the theory/classroom component of the program were the following:

1. One instructor stated that the objectives for the program do not always reflect the overall philosophy of the hospital and the refresher program specifically (see Table 58).

2. One instructor felt that the number of objectives for the program were not always adequate to accommodate the content that is currently being taught in the program (see Table 61).

3. Both instructors felt that the examinations that are presently utilized do not consistently reflect student knowledge and skill level.

The major areas of inconsistency regarding the clinical component of the program were the following:

1. Both instructors felt that the objectives for the clinical component of the program could be more clearly stated.

2. One instructor felt that the students were not consistently able to devise and implement nursing care plans.

3. One instructor felt that student charting does not consistently demonstrate sound theoretical basis for the implementation of nursing care.

4. One instructor stated that students are not able to consistently demonstrate an ability to set long-term goals for nursing care.

5. One instructor stated that students are not able to consistently demonstrate an ability to priorize patient care in the clinical setting.

6. One instructor stated that students are not able to demonstrate an ability to apply the nursing process consistently in the clinical setting.

At the conclusion of the closed ended section of both the questionnaires, instructors and students were asked to rate the percentage of improvement in the students' knowledge, skills, and attitudes from program commencement to completion. Figures 2, 3 and 4 located on pages 117 and 118 depict a comparison of these responses. Figures 2 through 4 indicate responses to questionnaire items which asked students and instructors to estimate the percentage of improvement in the areas of knowledge, skills and attitudes upon students' completion of the refresher program.

In the area of knowledge, the majority (56.7%) of students felt that they had improved 50 to 75% since program completion, and 36.7% of students felt that they had improved 75 to 100%. One instructor (50%) felt that students had improved 50 to 75% in this area; while the remaining instructor (50%) felt that students has improved 75 to 100%. Only one student indicated she had improved 50% or less. One student (3.3%) did not respond to this questionnaire item.

Figure 2

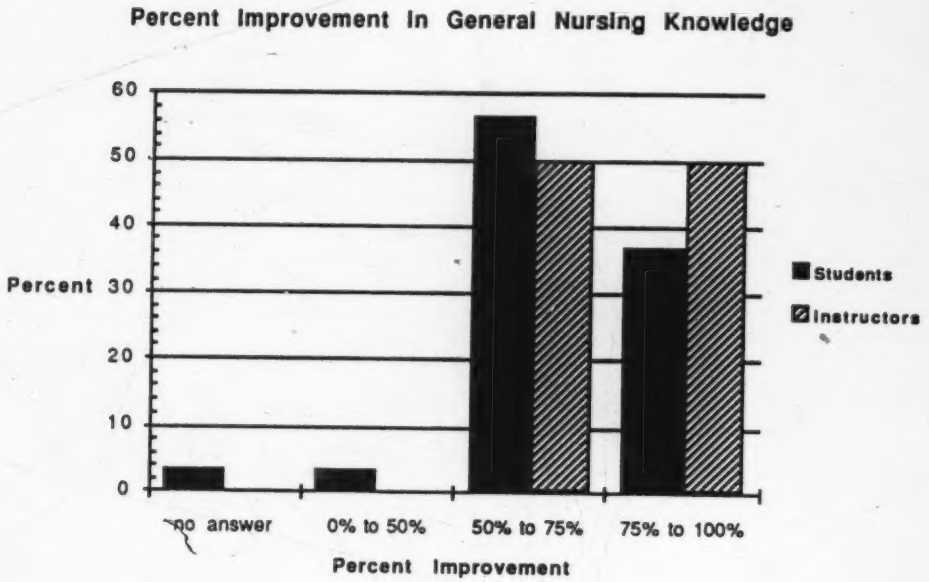


Figure 3

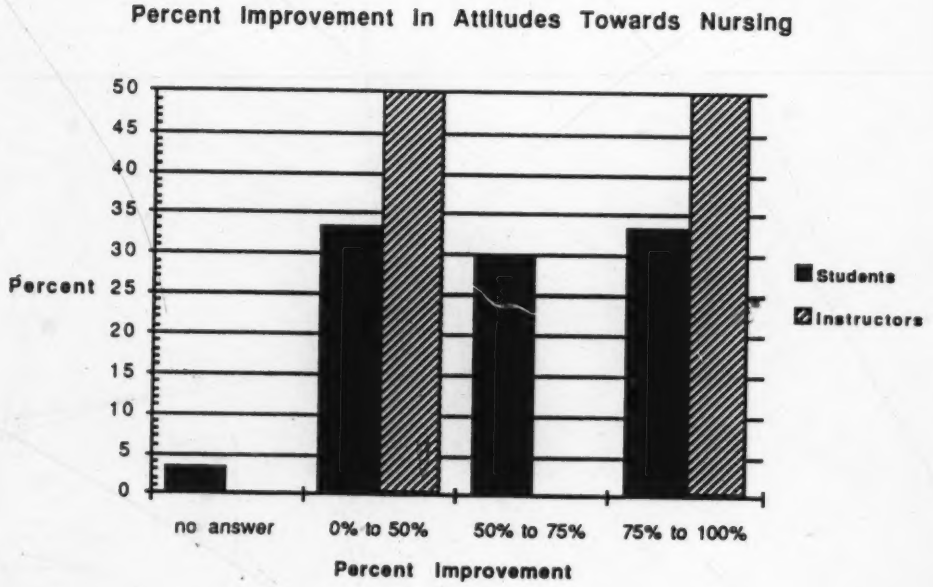


Figure 4

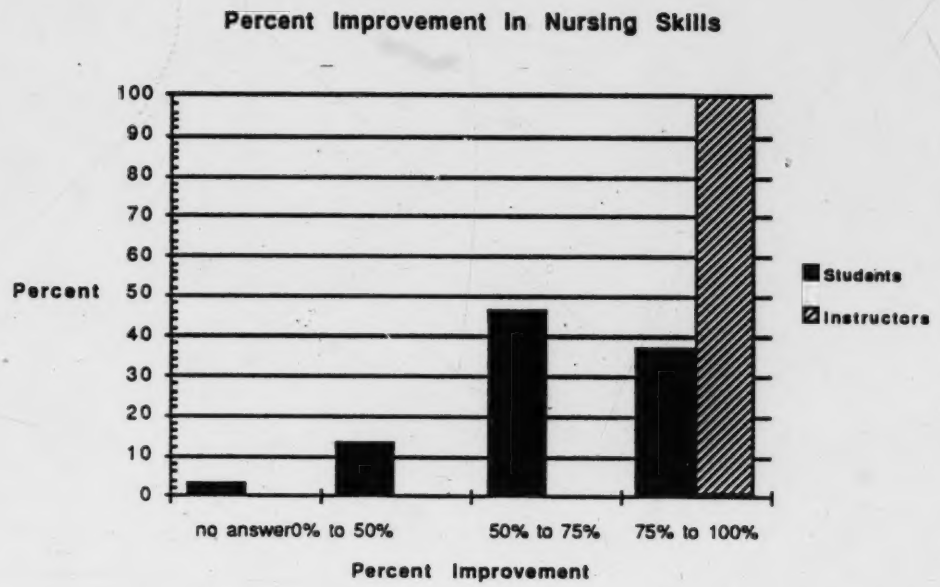

Percent Improvement In Nursing Skills
Percent
100
90
80
70
60
50
40
30
20
10
0
Students
Instructors
no answer
0% to 50%
50% to 75%
75% to 100%
Percent Improvement

Figure 2 represents the findings from these combined student and instructor responses indicate that the refresher program contributes considerably to the improvement in general nursing knowledge by students in the program.

Student response to improvement in their attitude towards nursing as a whole since program commencement indicates a wide variation of responses; 33.3% of students indicated they had improved 50% or less, 30% indicated they had improved 50 to 75%, and 33.3% indicated 75 to 100% improvement. Instructor responses in this category were similarly varied with one instructor (50%) stating that students had improved 50% or less, and the other instructor (50%) indicating that students improved 75 to 100% in this category. Figure 3 indicates combined student and instructor responses regarding their perceptions of the percentage of improvement in student attitudes towards nursing. The wide variation in these responses may indicate that this is an area for possible examination in the refresher program in future.

Student and instructor responses to the percentage of improvement in nursing skills more positive and less varied. Only 13.3% of students indicated that they had improved 50% or less, 46.7% of students stated they had improved 50 to 75%, and 36.7% indicated 75 to 100% improvement in this area. Both instructors (100%) indicated that students had improved 75 to 100%. The findings from these responses indicates that student improvement in their ability to implement nursing skills may be attributed to the refresher program and that this may be one of the strengths of the program.

Part Four-Open-Ended Instructor Questionnaire Results

The following tables (91 through 94) indicate the results of the open-ended questions located on the instructor questionnaires. Since only two instructors completed the questionnaires, only frequency of comments was examined. The instructor comments are divided into the following tables: the strengths of the refresher program; suggestions for overall improvement in the program; in classroom and specific areas for improvement in the clinical area. It should be noted that in the following tables, the frequency of responses may not correspond directly with the number of instructors surveyed since these were open ended responses. Instructors may have included several comments under each category or may have chosen not to include any comments.

Table 91

Strengths of the Nursing Refresher Program (as perceived by instructors)

(n=2)

Responses	Frequency
Group Support/Rapport	2
Recruitment of staff to UAH	1
Personal concern for students	1
Total	4

Table 92

Suggestions for Improvements in Program-Overall (as perceived by instructors)

(n=2)

Responses	Frequency
Better organization of pre-study materials	1
Rewriting of curriculum to include a nursing process model	1
Revisions need to be made to clarify objectives/expectations with guest lecturers	1
Alternatives for financing program should be more closely examined	1
Financial funding for students should be available more consistently	1
Alternative student evaluation methods should be considered (at present only examinations used)	1
Total	6

Table 93

Specific Areas for Improvement-Classroom (as perceived by instructors)

(n=2)

Responses	Frequency
More application of theory rather than lecture format	1
Additional theory/practice on physical assessment	2
Additional theory on pharmacology	1
Additional theory on normal physiology	1
Total	5

Table 94

Specific Areas for Improvement-Clinical (as perceived by instructors)

(n=2)

Responses	Frequency
Nursing units should receive better preparation for refresher students	1
Total	1

Summary of Open Ended Instructor Questionnaire Responses

The major findings from the open ended responses on the instructor questionnaires are divided into the following broad areas.

The strengths of the nursing refresher program included the following:

1. The group/peer support that was available.
2. The personal concern for students by both fellow students and instructors.
3. The value of the nursing refresher program as a recruitment vehicle as staff for hospital employment upon program completion.

The suggestions for overall program improvement included the following:

1. There should be better organization of the pre-study package.
2. The curriculum of the nursing refresher program should be rewritten to include a nursing process model.
3. Revisions should be made to clarify objectives /expectations with guest lecturers.
4. Alternatives for financing/financial support should be made more available to all students who enroll in the program.

5. Alternative student evaluation methods should be examined.

The suggestions for improvement in the classroom/ theory portion of the program included the following:

1. There should be more application of theory and less use of lecture in the classroom.
2. There should be more theory taught in the area of physical assessment skills than is presently being taught in the program.
3. More theory should be included in pharmacology than is presently being taught in the program.
4. Additional theory should be included in normal physiology than is presently being taught in the program.

Group Interview Results

Ten out of twelve students from the class of June 1989 were present for the group interview. The interview was tape recorded with the permission of all group members and the interviewer transcribed the data personally.

From the group interview, six main categories of data emerged:

1. Strengths of the Nursing Refresher Program
2. Areas for Improvement of the Nursing Refresher Program
3. Continuation of Refresher Program/Alternatives to Retain Program
4. Refresher Program versus other Refresher Program offered in Alberta.
5. Present Nursing Refresher Program or Would Not Have Returned to Nursing
6. Possibility of an Elective Option Included in the Refresher Program

These six major categories will be discussed in the following section. Because of the nature of such a form of data collection, exact numbers of students who agreed or disagreed with the overall topics that were discussed could not be ascertained. Throughout the following discussion, the refresher program offered by this institution is often compared to the other refresher program offered in Alberta. This comparison was not anticipated by the investigator, but since these are the only two nursing refresher programs presently offered in Alberta, most students had thoroughly investigated the advantages and disadvantages of both programs.

Strengths of the Nursing Refresher Program

The first major strength of the refresher program that emerged from the group discussion was the group support that was available. Students felt that the emotional support that was available from their peers was extremely valuable to both their learning and ability to successfully complete the refresher program.

An additional strength of the refresher program was the instructors who taught in the program. Students felt that the instructors were able to instill an attitude of caring and enthusiasm for nursing that was extremely valuable to them. The instructors conveyed to the students that they expected them to succeed. The fact that several of the instructors were also previous refresher graduates was found to be very helpful to the students, since these instructors had a considerable amount of empathy.

Students felt that another strength of the program was that the program required only a short-term time committment of eight weeks. They could set aside their family and other responsibilities for this pre-set length of time, but did not feel that they could successfully complete the

other refresher program program offered in Alberta because of the longer time frame required to complete the program. In addition, the other refresher program required students to work for one month of clinical practice after the study modules were completed and many students did not feel that this would meet their learning needs.

The cost of the refresher program was another strength. Not only was the program itself cheaper than the other refresher program offered ($500 as compared to $1000), but many students who applied for the retraining grant offered by the Department of Manpower were able to take this refresher program without cost to themselves. Students who enrolled in the other refresher program were not eligible for such a grant.

Yet another strength of the program was that it offered clinical practice in a modern, tertiary care hospital and that such experience may not always be possible with the clinical practice offered by the other refresher program. In addition, there was immediate opportunity for practice of the nursing skills acquired due to the sequencing of classroom and clinical practice. Feedback and clarification were available immediately from instructors and students felt that this was a very valuable asset which contributed greatly to their learning.

The students stated that the program offered a distinctly adult form of education in that the program did not take them back to the beginning, but rather took into consideration each of the students' past experience in both nursing and their personal lives. Such consideration of past experience allowed for a very individualized and personal approach to learning which the students felt contributed immensely to the quality of the program.

The pre-program study package was considered to be another strength. This package allowed students an opportunity to re-establish study habits and review what was going to be covered prior to commencing the program. Students felt that this reduced much of their anxiety and enhanced their learning since many were returning to school after a considerable absence.

Areas for Improvement

The major area for improvement suggested by students was the addition of more content/theory in physical assessment, the gastro-intestinal system, and the genito-urinary system. Students also felt that there should be more opportunity to practice physical assessment skills.

Several students stated that the pre-program study package should be evaluated to determine how well each student understood the information. This was not suggested as a means to create stress for the students as in the form of examinations, but rather was suggested as a means to reduce repetition for class lectures, which many students felt often occurred.

Another suggested area for improvement was that there should be some means to enable students who enroll in the refresher program to be better informed about the availability of funding through the retraining grant offered by the Department of Manpower, so that all eligible could apply.

Continuation of the Present Refresher Program /Alternatives to Retain Program

Through both verbal and nonverbal affirmation, the entire group strongly agreed that the refresher program is a good program and should defininitely be continued. Several students suggested that the hospital should look at various alternatives to retain the refresher program. Some

other alternatives that emerged from this discussion were that the AARN should be doing more to ensure the program continues since it offers a unique and distinctly different program from the other refresher program. They also suggested that they (students from their class and previous classes) should be writing their Members of the Legislature so that more funding is available for such programs and to make these individuals more aware of the need to retain such a program.

Present Refresher Program Versus Other Refresher Program Offered in Alberta

The majority of the group stated that they took the refresher program for very specific reasons, that they had all investigated the other refresher program offered in Alberta and decided that such a program would not meet their learning needs.

Reasons that were included for taking the refresher program as opposed to the other refresher program included the following:

1. The refresher program could be completed in set period of time (e.g., eight weeks as opposed to having up to one year to complete the program). Students felt that arrangements for child care and other family responsibilities could be more easily made if they knew exactly when the program would be completed. In addition, many of these students were employed prior to taking the refresher program (in areas other than nursing) and they did not feel that they could financially afford to take more time off than eight weeks. They also did not think they could continue to work full-time, manage a family, and work on a distance learning program. They stated that although they may have started the other refresher program, they felt there was little likliehood that they would have completed the program.

2. Group support was cited as a major factor in taking the refresher program for the reasons previously mentioned. Students did not feel that there would be such group support offered in a distance learning program where students did not meet on a regular basis.

3. The availability for immediate feedback and practice and continuous instructor feedback that students did not perceive would be as easily available in the other refresher program.

4. The opportunity to practice skills and integrate acquired theory immediately in the clinical areas as opposed to the other refresher program where students complete their clinical practice component once they have completed all the study modules.

5. The opportunity to practice clinical skills in a modern up to date, tertiary care hospital. Students who enroll in the other refresher program may be required to complete their clinical practice component in any one of several types of health care agencies in which various levels of care may be offered (e.g., extended care, rural hospital).

6. The cost of the refresher program was another major factor in choosing the program as opposed to the other refresher program. Students who enroll in the other refresher program receive no government funding such as the retraining grant described earlier. In addition, many students chose not to take the other refresher program because of the increased cost ($500 as opposed to $1000).

Present Nursing Refresher Program or Would not Have Returned to Nursing

The findings from the group interview suggested that these students had thoroughly investigated the other refresher program, compared it to

this refresher program and determined that if this nursing refresher program were not available, they would simply have not returned to nursing. In addition, they strongly felt that without the refresher program there would be fewer nurses returning to the work force and with the nursing shortage, there would be an increase in health care costs. They stated that in their opinion it was much easier in terms of time and cost to re-educate a nurse who had been out of the workplace for a period of time than to educate a new nurse. These students also stated that because they had made a conscious informed decision to return to nursing, they were not about to leave the workplace to raise families as a younger nurse might (since most refresher students return to the workforce after having their families). Because of this they felt they were much more likely to stay in nursing and remain more committed to the nursing profession. These factors can be considered to be critical in a profession which maintains an extremely high turnover rate.

Elective Option

Some recent studies have shown that refresher students would prefer to have had the opportunity to have an elective specialty option (Moore and Thurston, 1984). Such options would include such clinical specialty areas such as: obstetrics, pediatrics, psychiatry, and emergency. These would be particularly helpful to the nurse who had worked in these specialty areas prior to leaving nursing and wished to return to the same area. Currently neither of the refresher programs offer such elective options. Both programs offer a more general medical/surgical clinical practice component.

When questioned regarding the addition of such an elective option, group consensus was that this would probably not be feasible alternative.

They felt that they needed all the basic clinical practice that the program presently offered and that extending the program should not be considered. If any student wished to return to any of these specialty areas it should be the responsibility of the student to upgrade in this area. The students felt that the refresher program should continue to offer a more general, broad review of nursing and that students could then pursue further education if they so desired. The group however did state that a tour of these specialty areas should be included in the program more to provide students with an overview of the types of specialty areas that are available employment.

Individual Interview Results

Three students from the class of June, 1989; three students from the class of June, 1988; and two instructors who had taught in the refresher program were interviewed individually by the investigator. The three students from the class of June, 1989 also participated in the group interview conducted with their class. All three have been practicing nursing either part time or full time since program completion. The students who were interviewed from the class of June, 1988 were distinct from the interviews completed with the June, 1989 students in that these individuals had an opportunity to reflect on the refresher program and had practiced nursing for one year. All three have been practicing nursing either part time or full time since program completion. One of the instructors who was interviewed was in an especially unusual situation in that she had also been a student in the program prior to becoming an instructor. Both of the instructors however no longer teach in the refresher program and are now involved in related fields of nursing. A semi-structured interview format was utilized for all the interviews.

The following tables indicate the general content areas that were discussed in each of the individual interviews. Results from both classes of students and instructors were combined in each table. Major content areas that emerged were similar to those discussed in the group interview findings.

The major content areas that emerged from the student and instructor interviews were as follows:

1. Strengths of the Refresher Program;
2. Personal Learning Needs;
3. Professional Learning Needs;
4. Suggested Areas for Program Improvement ;
5. Continuation of Present Refresher Program/Alternatives to Retain Program;
6. Present Refresher Program Compared with Other Alberta Refresher Program;
7. Present Refresher Program or would not have returned to Nursing;
8. Possibility of an Elective Option included in the Refresher Program.

Each of these areas will be presented first in table form in terms of frequencies and percentages of student and instructor responses within each category. It should be noted that while the total number of individuals interviewed was eight, the frequencies in each table vary considerably depending on the flow and nature of each interview. However, due to the qualitative nature of such findings and the small number of individuals interviewed, the major findings will then be discussed by the investigator from a more judgemental point of view. If the reader desires an exact

percentage of responses in any of the categories, these are included in each table.

Table 95

Strengths of Refresher Program-Student and Instructor Interviews

(n=8)

Responses	Frequency	Percent
Cared about us	2	6.9
Group support	4	13.8
Learning from each other	1	3.5
Knowledge gained from program	1	3.5
Positive about course overall	2	6.9
Instructors were great	2	6.9
Clinical areas/hospital setting	2	6.9
Practical/'hands on' experience	1	3.5
Varied disciplines in to teach	1	3.4
Hospital itself/active treatment	3	10.3
Gave me self-confidence	1	3.5
Refresher graduates stable employees	1	3.5
Refresher graduates add to hospital	1	3.5
Ready to function as beginning practitioner	1	3.5
Refresher program as employment recruitment vehicle	1	3.5
Amount of instructor supervision	1	3.5
Careful recruitment of instructors	1	3.5
Instructors set up less stressful environment	1	3.5
Refresher program is quality program	1	3.5
Pre-study package	1	3.5
Total	29	100

Table 96

Personal Learning Needs-Student and Instructor Interviews

(n=8)

Responses	Frequency	Percent
Instructors cared about us	2	13.3
Met my personal learning needs	5	33.3
Instructors aware that we all learned differently/individual learning needs	2	13.3
Look at students as holistic people	1	6.7
Individual help is available if necessary	1	6.7
Pre-study package allows to get back into study habits	1	6.7
Adult learning needs recognized	1	6.7
Program can be flexible to meet individual learning needs	1	6.7
Students who will suit program are encouraged to enroll	1	6.7
Total	15	100

Table 97

Professional Learning Needs -Student and Instructor Interviews

(n=8)

Responses	Frequency	Percent
Program really prepares you to go into the workforce	1	14.3
Program builds up our confidence	1	14.3
Program made us aware of how much nursing has changed	1	14.3
We have a better ability to meet our patients' needs now	1	14.3
Met professional learning needs-no elaboration	2	28.6
Refresher graduate is ready to function at level of beginning practitioner	1	14.3
Total	7	100

Table 98

Suggested Areas for Program Improvement-Student and Instructor Interviews

(n=8)

Responses	Frequency	Percent
More theory/practice on physical assessments	2	7.4
More time on nursing care plans	1	3.7
More time on G.I. class	1	3.7
More time on G.U. class	1	3.7
Moving some classroom content to post-conferences (e.g., computers, ostomies)	1	3.7
Content on other areas of employment in nursing besides bedside nursing	1	3.7
Combining self-study component with present program	1	3.7
More clinical time, less classroom time	2	7.4
More responsibility on clinical areas	1	3.7
More practice with charting	1	3.7
More pharmacology content	2	7.4
Less concentrated clinical practice	1	3.7
Add theory on blood transfusions,shock	1	3.7
Add class on CPR	1	3.7
Add some theory on pediatrics	1	3.7
Instructors should be more current	1	3.7
Less of a pathophysiology focus	1	3.7
Whole curriculum needs to be rewritten	1	3.7
Too much medical model	2	7.4
Lack of instructor time to rewrite curriculum	1	3.7
Program is much stronger than it appears on paper	1	3.7
Objectives, exam questions need to be revised	1	3.7
Less repetition of self-study content in classroom	1	3.7
Total	27	100

Table 99

Continuation of Present Refresher Program/Alternatives to Retain Program-Student and Instructor Interviews

(n=8)

Responses	Frequency	Percent
Definitely maintain program	4	23.5
Should consider program as employment recruitment vehicle	3	17.6
Consider higher student/teacher ratio	1	5.9
Run one refresher program/year only	2	11.8
Run a preceptorship model	2	11.8
Financial incentive to remain employed at hospital	1	5.9
Somehow combine self-study and present program to reduce cost	3	17.6
Clinical nurse educators each take one refresher student	1	5.9
Total	17	100

Table 100

Present Refresher Program Compared with Other Alberta Refresher Program-Student and Instructor Interviews

(n=8)

Responses	Frequency	Percent
Cannot afford to take other program	1	7.7
Other program is unrealistic because of time commitment, family, community	1	7.7
Other program has its place for some	1	7.7
Instructors really got to know us-do not perceive other program would provide this	1	7.7
Took other program and did not meet my learning needs	1	7.7
Other program did not appeal to me	1	7.7
Took this program because it was defined, structured	1	7.7
Took this program because it was shorter time duration than other	2	15.4
Took this program versus other because of group support	1	7.7
Took this program because I trained here	1	7.7
Self-directed/correspondence course did not appeal to me	1	7.7
This program attracts a very different type of learner than other program	1	7.7
Total	13	100

Table 101

Present Refresher Program or Would Not Have Returned to Nursing-Student and Instructor Interviews

(n=8)

Responses	Frequency	Percent
If program is discontinued, number of nurses will be decreased	1	20
Would not have returned to nursing if this program were not available	3	60
Reluctance of nurses to take distance type program	1	20
Total	5	100

Table 102

Possibility of Elective Option-Student and Instructor Interviews

(n=8)

Responses	Frequency	Percent
Elective could be an option for those who wanted or needed it, but not for everyone in program	5	100
Total	5	100

Major Findings from Individual Student and Instructor Interviews

1. Strengths of the Nursing Refresher Program

Table 95 refers to the combined results of the individual student and instructor interviews in which participants were asked to determine the strengths of the refresher program. The major strengths of the program were found to include the following: those involved with teaching the program truly cared about the students and whether they succeeded; the

great amount of group support that was available from both peers and instructors; the excellent quality of instruction; the hospital where the refresher program was located was an active treatment, tertiary care institution; and that the refresher program itself could be seen as a valuable recruitment vehicle for future nurses to work in that institution.

2. Personal Learning Needs

During the interviews students and instructors were asked if the refresher program was able to meet the students' personal learning needs. Table 96 indicates that all the responses were affirmative in this category. Several of those interviewed stated that the program definitely met their personal learning needs, but they did not elaborate specifically on how the program was able to do this. The remainder of responses were more specific (e.g., the instructors really cared about the students, were aware that each student learned differently, and that the program was flexible in meeting individual learning needs).

3. Professional Learning Needs

Students and instructors were also asked if the refresher program was able to meet the student's professional learning needs. Table 97 indicates that all responses suggested that the program was able to meet these needs. Two students stated that the program definitely met their professional learning needs, and the remainder of the comments offered more specific ways that the program was able to meet these needs for students (e.g., students felt prepared to go into the workforce, that the program built up student confidence, and that students were able to function at the level of a beginning practitioner at program completion).

4. Suggested Areas for Program Improvement

Table 98 refers to combined student and instructor suggestions for improvement in the refresher program. The major suggested areas for improvement were the addition of content/practice in: physical assessment; pharmacology; gastro-intestinal pathophysiology; genito-urinary pathophysiology; nursing care plans; and charting. In relation to clinical practice, several individuals stated that there should be more clinical time and less classroom time. Students also felt that there should be less repetition of self-study content in the classroom situation. One student from the class of June, 1988 recommended that students should be given more responsibility on the units in order to better prepare them for working as a registered nurse. In addition to agreeing with many of these comments from students, the instructors were able to offer a different viewpoint regarding areas needing program improvement. One instructor stated that the program was much 'stronger' than it appeared on paper, that the whole curriculum needed to be rewritten, but that there was a lack of instructor time allotted for making these changes. Both instructors felt that the program should consist of a less medical model approach with less pathophysiology content and more of a focus on nursing process.

5. Continuation of Present Refresher Program/Alternatives to Retain Program

Both students and instructors felt strongly that the present refresher program should be maintained. This category arose due to the fact that both these groups had been told that the refresher program may be cancelled following completion by the June, 1989 students due to increased costs of running the program. Table 99 indicates suggestions made by students and instructors so that the program could be retained at a reduced cost to the

hospital. Several individuals suggested that the program should be considered as an employment vehicle for the hospital by offering students incentive to be employed at the institution in return for completion of the refresher program. In this way, it was felt that the shortage of nurses might also be alleviated. A financial incentive was also suggested (e.g., offering the program at reduced cost for those who remain working at the hospital). Other suggestions included: offering only one refresher program per year; utilizing a higher student/teacher ratio; the implementation of a preceptorship model; and combining a self-study component with the current clinical practice experience. All these individuals felt that the program should continue to be offered within the current time frame of eight weeks.

6. Refresher Program Compared with Other Alberta Refresher Program

Since there are only two refresher programs currently being offered in Alberta, a comparison between these two programs continually arose during both the student and instructor interviews although this was not intended to be the major focus of the interview. The findings, however, were felt to be important enough that they could have major impact on decisions that may be made regarding revisions to the refresher program being evaluated. For ease in reporting the findings, the refresher program being evaluated will be referred to as the hospital refresher program and the second refresher program will be called the other program. Table 100 reports these findings. Of major importance to the students in choosing the hospital program was the fact that the program could be completed in a much shorter time period than the other program whereby students have up to one year to complete the program. One student felt that this time

frame was unrealistic in that the extended completion time would curtail family and community responsibilities . She felt that she could more easily set aside these commitments for the shorter time period of eight weeks, after which time she could resume her normal life. Another factor in choosing to take the hospital program was that the program was much more defined and structured and therefore met the students' learning needs better than a distance learning type of approach. One student stated that she could not afford to take the other program since it was twice the cost of the hospital program, and that government grants were not available to subsidize her tuition fees. Another student stated that a major factor in choosing the hospital program was the group support that was available, and that she did not perceive that this would be available with the other program.

7. Present Refresher Program of Would not Have Returned to Nursing

Table 101 indicates additional findings which were not specifically intended to arise from this study. Three of the students who were interviewed stated that they would not have returned to nursing had the hospital refresher program not been available to them, and they would have chosen unrelated fields of employment. Both instructors also felt that if the program were discontinued, the number of nurses in the workforce would be decreased. One instructor felt that while the distance learning program offered may appeal to some individuals there is a general reluctance by many nurses in the community to take such a program. All of these factors were felt to have an impact on the number of nurses who are employed in a profession where there is a shortage.

8. Possibility of An Elective Option

Table 102 indicates that both students and instructors felt that an elective specialty option such as obstetrics, pediatrics, and emergency room could be considered for students who were interested, but that this should not be mandatory for everyone in the program. They did not feel that the program should be extended, but that if students desired the experience in such a specialty they could be given the option of extending the program in order to obtain this experience.

CHAPTER IV

CONCLUSIONS AND RECOMMENDATIONS

The Torres and Stanton (1982) model for curriculum evaluation was utilized for this study. This model for evaluation consists of four stages: the Directive; the Formative; the Functional; and the Evaluative. The evaluative stage consists of three components: input; throughput and output. The primary focus of this study was on this final evaluative stage which was presented in detail in Chapter I. The following section will present the overall findings of this study in terms of the four research questions identified in Chapter I. As suggested by Torres and Stanton (1982), aggregate data from a variety of sources were used to determine the effectiveness of the curriculum. The findings from the student and instructor questionnaires and group and individual interviews have all been amalgamated in this section and have been carefully considered in making the suggestions for improvement in the refresher program. Following a discussion of the data in terms of the four research questions, additional unanticipated findings from the study will be included. Finally, the concluding comments and suggestions for improvement of the nursing refresher program based on all these findings will be addressed.

Research Question One: Educational Activities of the Program

Research question one asked the question: "To what extent do students and instructors perceive that the educational activities of the nursing refresher program assist students to meet their learning needs and enable them to function safely at the level of a beginning practitioner?" In part one of both the student and instructor questionnaires (see Appendix B and C), information was obtained in relation to the classroom/theory and the clinical components of the refresher program. These responses were

closed ended. Tables 1 through 37 indicate student responses and and tables 56 through 81 indicate instructor responses within these categories. The findings from both the instructor and student questionnaires indicate that overall the educational activities of the refresher program do assist students to meet their learning needs. However, there were several areas of inconsistency in positive student and instructor comments in the classroom/theory and clinical components of the program. These are specifically outlined in the summaries located at the end of the student and instructor questionnaire results and were considered in making the recommendations for improvements in the program.

Research Question Two: Personal Learning Needs

Research question two asked: "To what extent do students and instructors judge that the nursing refresher program assists students to meet their personal learning needs?" Part Two of the student and instructor questionnaires addressed this question specifically (see Appendix B and C). Tables 38 through 41 indicate student responses and tables 82 through 84 indicate instructor responses within this category. The findings indicate that the nursing refresher program was definitely successful in meeting the students personal learning needs and this was also found to be a definite area of strength in the program. There was no inconsistency in positive responses by either instructors or students in this category. The student and instructor interview findings were similarly positive in this area.

Research Question Three: Professional Learning Needs

Research question three asked:" To what extent do students and instructors judge that the refresher program assists students to meet their professional learning needs?" Part Three of the student and instructor

questionnaires (see Appendix B and C) addressed this question specifically. Tables 42 through 47 indicate student responses and tables 85 through 90 indicate instructor responses within this category. Student and instructor opinion was that the refresher program was very successful in meeting the students' professional learning needs. The only inconsistency in this area was in the students ability to apply the nursing process consistently in the clinical setting.

Research Question Four: Overall Program Effectiveness

Research question four asked:"What are student and instructor perceptions as to overall program effectiveness and improvement in the students' knowledge, skills and attitudes?" Although there was some overlap with the previous three research questions and some of the closed ended responses, in the interests of brevity all open ended student and instructor questionnaire responses (Part Four of the questionnaires), group interview and individual student and instructor findings were grouped together. In determining overall program effectiveness, the investigator divided the findings into two broad areas: strengths of the program and suggested areas for future improvement should the program continue. These results were based on the most salient points from the student and instructor responses from the closed and open ended sections of the questionnaires, the group interview and individual interview results.

Major Strengths of the Refresher Program

The major strengths of the program that arose from the combined findings of this student as perceived by both students and instructors include the following:

1. Overall, the theory/classroom component of the refresher program was a positive learning experience for the students.

2. Overall, the clinical component of the refresher program was a positive learning experience for the students.

3. The ability of the refresher program to meet the students personal learning needs.

4. The ability of the refresher program to meet the students professional learning needs.

5. The group/peer support that was available.

6. The instructors who taught the refresher program (e.g., caring and supportive).

7. The shorter time commitment required to complete the program as compared with the other refresher program offered in Alberta.

8. The close instructor supervision that was available in the program.

9. The amount of clinical practice experience in the program.

10. The value of the refresher program as a recruitment vehicle as staff for hospital employment upon graduation.

11. The cost of the refresher program ($500 as opposed to $1000 for the other refresher program).

12. The option of applying for student financial assistance through the Department of Manpower that was available for this refresher program only.

13. Immediate opportunity for the practice of nursing skills, feedback and clarification by instructors.

14. The program offering an adult form of education - an individualized and personal approach to education.

15. Clinical practice experience being offered in a modern, tertiary care hospital.

Areas for Improvement in the Refresher Program

The following were found to be areas of concern and are suggested as possible areas for improvement in the refresher program. These are directly based on the combined student and instructor questionnaire and interview results as well as the investigators opinion as to the most salient and pertinent results from the findings.

The suggestions that arise for improvement in the overall curriculum/program include the following:

1. A more detailed curriculum should be developed with more specific objectives provided.
2. The curriculum should be revised to incorporate more of a nursing process model approach as opposed to the medical model approach that is presently utilized in the program.
3. The pre-program package should be more organized and more clearly specified as to student expectations prior to commencing the refresher program.
4. Alternative student evaluation methods (in addition to examinations) should be examined and consideration given to their use.
5. More instructor time should be provided in order that the necessary revisions for improvement in the program may be undertaken.
6. Alternatives for funding and financing should be made more available to all students who enroll in the program.
7. Parking should be made more available for students.

The suggestions that arise for improvement in the classroom/theory component in the program include the following:

1. Classroom objectives should more clearly coincide with class presentations.
2. The content could be presented in a more logical and organized manner (e.g., less repetition of the pre-program study package in the classroom setting).
3. Instructor teaching method/strategies could be more varied than those presently utilized in the program (e.g., less lecture, more application of theory).
4. Objectives, expectations should be more clearly specified with guest lecturers to decrease repetition, confusion.
5. Examinations should be revised so that these are based more on the classroom objectives and the pre-program study package. It was also suggested that these should be revised in order to more accurately depict student knowledge and skill level than these do at present.
6. Students should be made more aware of a good basic nursing textbook for students to use as a reference during the program and for use as a resource after program completion.
7. There should be more coverage of normal physiology in the program and less emphasis on pathophysiology.
8. There should be more emphasis and classroom time spent on the gastro-intestinal classes and the genito-urinary classes.
9. Students should be given more handouts, and provided with outlines of classes to necessitate less note taking and allow students to listen more attentively to the classroom presentations.
10. More theory in pharmacology should be added to the curriculum.

11. Students should be given more theory and allowed to practice devising and implementing nursing care plans.

12. Additional theory should be provided on how to assess, priorize and organize nursing care (nursing process).

13. Additional theory and practice should be given in physical assessment skills.

14. A class should be added to the program as to career opportunities in the nursing profession.

15. More theory/content in speciality areas such as obstetrics, and pediatrics should be provided.

The suggestions that arise for improvement in the clinical component of the program include the following:

1. The objectives for the clinical experiences should be examined and be more clearly and specifically stated.

2. More clinical practice experiences should be offered in the program. While students did not want the program lengthened, many felt that some of the classroom content was quite repetitious and could be deleted with improved organization of content and if the objectives were more clearly stated. Students felt that increasing the number of clinical experiences would allow them to practice more of the nursing skills acquired in the lab practice setting and enable them to feel more confident in their abilities.

3. An option should be made available to students in extending the length of the program for those who desire or require this, but that this should not be made mandatory for all students (e.g., experience in specialty areas such as obstetrics, psychiatry for those who planned to work in these areas).

4. Students should be encouraged to seek out more of their own challenges, learning experiences on the clinical areas.

5. Students should be given more responsibility on the clinical areas in order to more realistically prepare them for working as registered nurses (e.g., increased workload in terms of numbers of patients and complexity of illnesses). Some students suggested the introduction of evening and night shifts in order to better prepare them for working upon graduation from the refresher program.

6. A tour of the various areas that are available to work in should be made available (e.g., day surgery, outpatient clinics, emergency, etc.) so that students are more aware of job possibilities.

7. Staff on nursing units should be made more aware of the level of student and their capabilities prior to the students' arrival on the clinical areas in order to alleviate confusion about student abilities.

8. Students should be encouraged to integrate and apply more of the theory acquired in the classroom situation. Students should also be expected to provide a rationale for the nursing skills that they implement in the clinical setting.

9. Students should also be encouraged to apply more of the nursing process in the clinical setting in order to assist students with improvement in their abilities to priorize their nursing care and set long term goals for nursing care.

10. Students should be given more assistance and opportunity to practice the skill of charting and devising and implementing nursing care plans in the clinical setting.

Additional Findings from the Study

Additional findings from this study, which were not anticipated by the investigator, resulted in many comparisons between this refresher program and the only other nursing refresher program offered in Alberta at present. This information was acquired during both the group and individual interviews. Since this refresher program was in danger of being terminated and both students and instructors were strongly opposed to this, these findings were felt to be important and warranted inclusion in the study. These findings included the fact that this refresher program was distinct from the alternate refresher program offered and should definitely be continued. Given that the main reason offered for possible termination of the program was cost, both students and instructors were able to offer several alternative means to allow the program to continue at a reduced cost to the hospital. In addition, students provided many additional reasons for choosing this refresher program as opposed to the other refresher program offered. Among the major reasons for choosing this refresher program as opposed to the alternate program were the following: the group/peer support; the cost of the program ($500 versus $1000); the funding assistance; the shorter length of time required to complete the program; that the program provided more structure than the other more self directed program; and that the program came personally recommended. These reasons are described in more detail in Chapter III, Group interview results and in Table 100, which identified student and instructor interview results that compared this refresher program with the other program offered in Alberta. Finally, many of the students who were interviewed stated that they would not have returned to nursing if this program were

not available since they did no believe that the alternative program would be able to meet their learning needs (see Table 101).

Summary and General Conclusions

The overall purpose of this study was to determine if students and instructors perceived that the nursing refresher program was able to meet the personal and professional learning needs of the nurse who is returning to the profession. An additional aim of the study was to determine overall program effectiveness. The findings from this study indicate that both the personal and professional learning needs of students were effectively met by the program and were among the many strengths of the program. As with most programs however, there are opportunities for improvement which would enhance student learning. Several areas of concern were identified and suggested as areas for examination in future in program revisions should the program continue. These suggestions were based on the combined results of the student and instructor questionnaires, the group and individual student and instructor interview results, as well as the investigators perception of the most salient and pertinent of these findings. Despite the suggestions for improvement, both students and instructors felt that the overall nursing refresher program was a very effective and worthwhile course. In addition, the students and instructors did not perceive that the alternate nursing refresher program offered in Alberta would accommodate the students learning. They felt very strongly that the program should be continued and that without this program many of them would not have returned to nursing which would further contribute to the present shortage of nurses in the profession. Several suggestions were offered as alternatives to continue the program. The comparisons which resulted between this refresher program and the only other refresher

program were not anticipated to occur by the investigator, but were felt to be important enough to warrant inclusion in the study.

Based on the results of this study, it is the investigator's recommendation that the present nursing refresher program should continue with consideration being given to the suggestions for program improvement cited earlier. The positive findings from this study, as well as the fact that this refresher program offers a distinctly different form of education than that which is offered by the only other refresher program in Alberta suggest that this program should be retained. In light of the present continuing shortage of nurses in this province, it is suggested that alternatives to retain this program warrant further consideration and investigation.

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Appendix A Bower, Linc, Denega Questionnaire

Appendix B Student Questionnaire

Appendix C Instructor Questionnaire

Appendix D Pilot Cover Letter

Appendix E Covering Letter

Appendix F Reminder Letter

Appendix G Informed Consent for Interviews

Appendix H Timeline

Appendix A

Bower, Linc, Denega Questionnaire

APPENDIX A WAS REMOVED DUE TO THE INAVAILABILITY OF COPYRIGHT PERMISSION

Reference: Bower, D., Denega, D. and Linc, L. (1988). Evaluation instruments in nursing. National League for Nursing: New York.

Program Evaluation Form

(Note: Please note that only a partial example of this evaluation has been shown here.)

Senior Evaluation of Overall Curriculum

This questionnaire is intended to give the Curriculum Committee and the faculty feedback from you as you complete the nursing program at the College. We encourage and welcome your comments and suggestions. You may use the other side of the paper if necessary.

Basic student _____ RN student _____ "BA/BS" student _____

I.

1. What are the strengths of the nursing program?
2. What are the weaknesses of the nursing program?
3. What content and/or experiences could be eliminated?
4. What content and/or experiences should be added and/or increased?
5. What are your major suggestions for improving:
   a. Overall curriculum plan?
   b. Specific courses?
   c. Methods of teaching?
   d. Clinical agencies/clinical experience?
   e. Other?
6. In which clinical courses did you learn the most?

COLLEGE OF NURSING

Support Courses, Prerequisites, and Electives: Student Recommendations

In the near future, the faculty will be discussing the nursing courses. As a student in the College of Nursing, your recommendations are an essential part of the evaluation of the foundation courses. Please take about 10 minutes to complete all parts of the questionnaire. Thank you for your comments.

I. General Information

Please circle the number indicating your class and your course number.

1. Junior 2. Senior 3. RN Student

4. 300 5. 320 6. 400 7. 415 8. 420

II. Relationship of Prerequisite Courses to Nursing Courses

Circle the number which indicates your opinion as to the degree of relationship of the prerequisite courses to the nursing courses. Number 1 would indicate that you feel the prerequisite course is highly related to the nursing courses. Number 5 would indicate a low relationship between the prerequisite course and the nursing courses.

Introduction to Organic, Inorganic and Biochemistry	1	2	3	4	5
Descriptive Statistics	1	2	3	4	5
Introduction to Sociology	1	2	3	4	5
Microbiology	1	2	3	4	5
Anatomy and Physiology	1	2	3	4	5
Introduction to Philosophy	1	2	3	4	5
Introduction to Ethics	1	2	3	4	5
Introduction to Logic	1	2	3	4	5
Introduction to Psychology	1	2	3	4	5

Systematic Curriculum Evaluation: Student Course Evaluation

Course being evaluated _____ Date _____

Note: You are evaluating the course, not the instructor. Please respond accordingly.

Please indicate how much you agree or disagree with the following statements concerning the course you have just completed.

1 — Strongly Agree
2 — Agree
3 — Neither Agree nor Disagree
4 — Disagree
5 — Strongly Disagree

The course objectives:					
1. are clear and concise.	1	2	3	4	5
2. can be used as a guide to the content taught in the course.	1	2	3	4	5
3. are realistic.	1	2	3	4	5
4. are adequate in number for the amount of material covered in the course (i.e., not too many or too few objectives).	1	2	3	4	5
5. are an appropriate level for my learning.	1	2	3	4	5
The course content:					
6. reflects the objectives of the course.	1	2	3	4	5
7. builds on my previous knowledge.	1	2	3	4	5
8. identifies resources necessary to meet course requirements.	1	2	3	4	5
9. is not a duplication of previous course material.	1	2	3	4	5
The syllabus:					
10. provides guidance for my learning.	1	2	3	4	5
11. serves as a method for identifying:					
a. objectives.	1	2	3	4	5
b. content.	1	2	3	4	5
c. teaching methods.	1	2	3	4	5
d. learning methods.	1	2	3	4	5
e. evaluation activities.	1	2	3	4	5
f. available resources.	1	2	3	4	5
12. is current and useful.	1	2	3	4	5
Overall:					
13. this course provided adequate opportunities to attain the enroute objectives.	1	2	3	4	5
14. I am satisfied with this course.	1	2	3	4	5

If the course you are evaluating is a clinical course, please answer the following questions.

The tool used to evaluate my clinical performance was:					
15. fair.	1	2	3	4	5
16. specific.	1	2	3	4	5
17. appropriate for the course.	1	2	3	4	5

ADDITIONAL COMMENTS:

_____

_____

_____

Signature _____

Appendix B

Student Questionnaire

University of Alberta Hospitals
Nursing Refresher Program Evaluation
Student Questionnaire
June, 1989

Instructions:

Using the following scale, circle the number which best indicates your response to the statements. Please answer to the best of your ability if you have not yet completed the program or to the best of your recollection if you completed the program last year.

Sample Question:

Did you enjoy the Nursing Refresher Program?

Response Key:

1	2	3	4
Never(No)	Sometimes(S)	Usually(U)	Always(Yes)

Part One
Theory Component

		No	S	U	Yes
1.	Did you receive adequate information about the program prior to enrollment?	1	2	3	4
2.	Were you given adequate information regarding the course content prior to program enrollment?	1	2	3	4
3.	Did you understand the academic expectations and/or workload of the course prior to enrollment in the program?	1	2	3	4
4.	Were the course objectives clear and concise?	1	2	3	4
5.	Were the course objectives realistic (i.e., at an appropriate level for your learning)?	1	2	3	4
6.	Were there an appropriate number of objectives to match the course material?	1	2	3	4
7.	Did the objectives reflect the course content?	1	2	3	4
8.	Did the Nursing Refresher Program build upon your previous knowledge and skills?	1	2	3	4
9.	Did the content of the Nursing Refresher Program adequately prepare you for your clinical experiences?	1	2	3	4

		No	S	U	Yes
10.	Was the content covered in class presented in a logical and organized manner in order to facilitate learning?	1	2	3	4
11.	Did you find that the results of the examinations provided an accurate reflection of your knowledge and skill level?	1	2	3	4
12.	Were various instructional strategies (e.g., lecture, case study, etc.) used to present the course material?	1	2	3	4
13.	Were these instructional strategies effective in helping you to learn the content?	1	2	3	4
14.	Were the classroom facilities adequate to support the content and learning of the program?	1	2	3	4
15.	Were the lab practice facilities adequate to support the content and learning of the program?	1	2	3	4
16.	Were the reading materials selected for the program appropriate and applicable?	1	2	3	4

Clinical Component

1.	Were the clinical objectives for the Nursing Refresher Program clearly stated?	1	2	3	4
2.	Did you receive adequate classroom theory on which to base your clinical nursing practice?	1	2	3	4
3.	Did the clinical component of the Nursing Refresher Program assist you with the integration of classroom theory to nursing care?	1	2	3	4
4.	Were you able to devise and implement nursing care plans that demonstrated the integration of theory to nursing care by program completion?	1	2	3	4
5.	Were you able to provide sound rationale for the performance of your nursing skills in the clinical area by program completion?	1	2	3	4
6.	Does your documentation (charting) demonstrate a sound theoretical basis for providing nursing care by program completion?	1	2	3	4
7.	Did the number of clinical experiences provide you with sufficient opportunity to meet the nursing practice objectives as stated in the clinical evaluation guide?	1	2	3	4
8.	Did the sequencing of the classroom and clinical components of the program facilitate maximum learning for you?	1	2	3	4

		No	S	U	Yes
9.	Were the number of clinical experiences sufficient to enable you to develop confidence in your abilities as a practicing nurse?	1	2	3	4
10.	Did you receive adequate feedback from your instructor regarding your performance in the clinical area?	1	2	3	4
11.	Were the nursing staff on the clinical areas helpful to you as a learner?	1	2	3	4
12.	Was there was adequate supervision/assistance when providing nursing care on the clinical areas (e.g., in performing new nursing skills, procedures)?	1	2	3	4
13.	Were you able to set short term nursing goals when planning and providing nursing care?	1	2	3	4
14.	Were you able to set long term nursing goals when planning and providing nursing care?	1	2	3	4
15.	Were you able to priorize your patient's needs when providing nursing care?	1	2	3	4
16.	Are you able to provide efficient and orgranized nursing care to your patients?	1	2	3	4
17.	Were post conferences helpful in assisting you to integrate classroom theory to the clinical setting?	1	2	3	4
18.	Did you have sufficient opportunity to practice most of the nursing skills reviewed in the lab practice setting?	1	2	3	4
19.	Were the nursing skill labs helpful in assisting you in the performance of your skills in the clinical setting?	1	2	3	4
20.	Was the clinical area to which you were assigned a suitable environment in which to practice and improve your nursing skills?	1	2	3	4
21.	Does successful completion of the clinical evaluation objectives accurately reflect your confidence level and perceived ability to practice safe nursing care?	1	2	3	4

Part Two

1.	Did the Nursing Refresher Program take into consideration your own personal learning needs (e.g., personal concerns that could have an effect on your ability to learn effectively)?	1	2	3	4
2.	Overall, did the Nursing Refresher Program meet your personal expectations?	1	2	3	4

		No	S	U	Yes
3.	Overall, did the Nursing Refresher Program meet your learning needs?	1	2	3	4
4.	In your opinion, is the ability to assist students in meeting their personal learning needs a valuable component of the Nursing Refresher Program?	1	2	3	4

Part Three

1.	Overall, did the Nursing Refresher Program assist you to regain the necessary self-confidence necessary to function as a professional nurse at the level of a beginning nurse practitioner (i.e., new graduate)?	1	2	3	4
2.	Did the Nursing Refresher Program provide you with sufficient overview of the changing role of the nurse in today's health care delivery system?	1	2	3	4
3.	Generally, are you able to apply the nursing process in providing nursing care?	1	2	3	4
4.	Overall, are you able to utilize effective communication skills with your patients, their significant others, and other health team members?	1	2	3	4
5.	Are you able to work within the policies, statutes, and code of ethics relevant to the profession?	1	2	3	4
6.	Overall, did the Nursing Refresher Program provide you with adequate opportunity to review the knowledge, skills, and attitudes necessary to return to the practice of nursing?	1	2	3	4

Using the following rating scale, please estimate the percentage of **improvement** in the following three areas by program completion?

7) General Nursing Knowledge

1) 50% or less ( )
2) 50-75% ( )
3) 75-100% ( )

8) Nursing Skills

1) 50% or less ( )
2) 50-75% ( )
3) 75-100% ( )

9) Attitudes towards Nursing (Professionalism)

1) 50% or less ( )
2) 50-75% ( )
3) 75-100% ( )

Part Four
General Comments

1. Why did you chose this program?

2. a) Have you ever been involved in a nursing refresher program before?

   Yes ( ) No ( )

   b) If yes, did you complete the program?

   Yes ( ) No ( )

3. How many years were you absent from nursing prior to enrolling in this refresher program? Check one of the following.

   1) 0-5 ( )
   2) 6-10 ( )
   3) 11-15 ( )
   4) 16-20 ( )
   5) 21 or > ( )

4. How many years of nursing experience did you possess prior to enrolling in the refresher program? Check one of the following.

   1) 0-5 ( )
   2) 6-10 ( )
   3) 11-15 ( )
   4) 16-20 ( )
   5) 21 or > ( )

5. a) Did you have any other formal educational experiences while being absent from nursing?

   Yes ( ) No ( )

   b) If yes, what were they?

Program Information

1. In your opinion, what are the strengths of the Nursing Refresher Program?

2. What content areas and/or experiences could be added or deleted to improve the Nursing Refresher Program?

3. Name 2 or 3 suggestions for improving the following areas in the program:

   a. The curriculum plan (e.g.,pre-program activities, time table of program activities)

   b. Specific classes

   c. Methods of teaching

   d. Clinical experiences

   e. Other (e.g., financial arrangements, parking, registration)

Appendix C
Instructor Questionnaire

University of Alberta Hospitals
Nursing Refresher Program Evaluation
Instructor Questionnaire
June, 1989

Instructions:

Using the following scale, circle the number which best indicates your response. Your responses should reflect your opinions regarding the majority of the class of students you are evaluating.

Sample Question:

Did you enjoy the Nursing Refresher Program?

Response Key:

1	2	3	4
Never(No)	Sometimes(S)	Usually(U)	Always(Yes)

Part One
Theory Component

		No	S	U	Yes
1.	Do you feel that students in the Nursing Refresher Program receive adequate information about the program prior to enrollment in the program (i.e., re: content, objectives)?	1	2	3	4
2.	Do you feel that students in the Nursing Refresher Program are made sufficiently aware of the time/personal committments necessary to complete the program?	1	2	3	4
3.	In your opinion, is the overall philosophy of the Nursing Refresher Program clearly reflected in the teaching-learning objectives of the program?	1	2	3	4
4.	Are the objectives used in the individual classes clear and concise?	1	2	3	4
5.	Are the course objectives realistic (i.e., at an appropriate level for the Refresher student)?	1	2	3	4
6.	Are there an appropriate number of objectives to match the course material?	1	2	3	4
7.	Do the objectives reflect the course content?	1	2	3	4
8.	In your teaching do you acknowledge and build upon the previous knowledge and skill level of the student?	1	2	3	4

		No	S	U	Yes
9.	Does the content presented in class adequately prepare the students for their clinical experiences?	1	2	3	4
10.	Are the classes presented in a logical and organized manner in order to best facilitate student learning?	1	2	3	4
11.	Do you feel that the examinations accurately reflect the students' knowledge and skill level?	1	2	3	4
12.	Are various instructional strategies (e.g., lecture, case study, etc.,) used to present the course material?	1	2	3	4
13.	Are the learning resources adequate to support the content and learning experiences of the program?	1	2	3	4
14.	Are the classroom facilities adequate to support the content and learning of the program?	1	2	3	4
15.	Are the lab practice facilities adequate to support the content and learning for the program?	1	2	3	4
16.	Are the reading materials selected for the program appropriate and applicable?	1	2	3	4

Clinical Component

1.	Are the clinical objectives for the Nursing Refresher Program clearly stated?	1	2	3	4
2.	Do students in the Nursing Refresher Program exhibit an adequate theory base on which to practice nursing care during their clinical experience?	1	2	3	4
3.	Does the clinical component assist the students with their overall integration of theory to nursing practice?	1	2	3	4
4.	Are students able to devise and implement nursing care plans that demonstrate integration of theory to nursing care?	1	2	3	4
5.	Are students able to provide sound rationale to the performance of nursing skills in the clinical area?	1	2	3	4
6.	Does student documentation (e.g., charting) demonstrate sound theoretical basis for providing nursing care?	1	2	3	4
7.	Are the number of clinical experiences sufficient to provide students with opportunity to meet the nursing practice objectives as stated in the clinical evaluation guide?	1	2	3	4

		No	S	U	Yes
8.	Does the the sequencing of the classroom and the clinical components facilitate maximum learning for the students?	1	2	3	4
9.	Were the number of clinical experiences sufficient to enable students to develop confidence in their abilities?	1	2	3	4
10.	Were you able to provide adequate feedback to students regarding their performance?	1	2	3	4
11.	Were the nursing staff helpful to yourself as an instructor and the students in the clinical area you were assigned to?	1	2	3	4
12.	Were you or an appropriate staff member able to provide adequate supervision in the performance of skills and procedures in the clinical area?	1	2	3	4
13.	Are students able to set short-term goals when providing patient care?	1	2	3	4
14.	Are students able to set long-term goals when providing patient care?	1	2	3	4
15.	Are students able to priorize their patients' needs when providing patient care?	1	2	3	4
16.	Are students able to perform nursing care in an efficient and orderly manner?	1	2	3	4
17.	Are the post-conferences helpful in assisting students to integrate theory from the classroom to the clinical area?	1	2	3	4
18.	Were students able to practice the majority of the nursing skills reviewed in the lab practice setting?	1	2	3	4
19.	Are the nursing skill labs helpful in assisting students in the performance of their skills in the clinical setting?	1	2	3	4
20.	Do the clinical areas to which students are assigned provide a suitable environment to practice nursing and organizational skills?	1	2	3	4
21.	Does successful completion of the Nursing Refresher Program clinical evaluation guide accurately reflects the students' confidence and ability to practice safe nursing care?	1	2	3	4

Part Two

		No	S	U	Yes
1.	Does the Nursing Refresher Program take into consideration each students' personal learning needs (e.g., personal concerns that could have an effect on their ability to learn effectively)?	1	2	3	4
2.	In your opinion, does the Nursing Refresher Program assist students to meet their personal learning needs?	1	2	3	4
3.	In your opinion, is the ability to meet students' personal learning needs a valuable component of the Nursing Refresher Program?	1	2	3	4

Part Three

1.	Does the Nursing Refresher Program assist the student to regain the necessary confidence to function as a professional nurse at the level of a beginning practitioner?	1	2	3	4
2	Does the Nursing Refresher Program provide students with a sufficient overview of the changing role of the nurse in today's health care delivery system?	1	2	3	4
3.	Do students demonstrate an ability to apply the nursing process in the provision of nursing care?	1	2	3	4
4.	Are students able to demonstrate effective communication skills with patients, their significant others, and other health team members?	1	2	3	4
5.	Are students able to work within the policies, statute, and code of ethics relevant to the profession?	1	2	3	4
6.	Overall, did the Nursing Refresher Program provide students with adequate opportunity to review the knowledge, skills and attitudes necessary to return to the practice of nursing?	1	2	3	4

Using the following rating scale, please estimate the percentage of **improvement** in the students' abilities as a group in the following three areas by program completion:

7) General Nursing Knowledge

1) 50% or less ( )
2) 50-75% ( )
3) 75-100% ( )

8) Nursing Skills

1) 50% or less ( )
2) 50-75% ( )
3)75-100% ( )

9) Attitudes towards Nursing (Professionalism)

1) 50% or less ( )
2) 50-75% ( )
3) 75-100% ( )

Part Four(General Comments)

1. In your opinion, what are the strengths of the Nursing Refresher Program?

2. What content areas and/or experiences could be added or deleted to improve the Nursing Refresher Program?

3. Is there financial support and/or sufficient time allotted for the systematic and ongoing revision of the Nursing Refresher Program?

Yes ( ) No ( )

If no, what improvements could be made in this area?

3. Name two or three suggestions for improving the following areas of the Program:

a. The overall curriculum plan (e.g., pre-program activities, time-table of program activities)-

b. Specific classes-

c. Methods of teaching-

d Clinical experiences-

e. Other(eg., financial arrangements, parking, registration)-

Appendix D

Pilot Cover Letter

University of Alberta Hospitals
Nursing Refresher Program Evaluation

I am beginning a survey of graduates from the University of Alberta Hospitals Nursing Refresher Program to gather information about career trends following successful completion of the program. This survey will provide the data for completion of my master's thesis in Adult and Higher Education.

I need to pre-test the questionnaire and would greatly appreciate your help with this pre-test. I am asking that you complete the attached questionnaire to Clinical Sciences Building 1-140, c/o Cheryl Barabash-Pope at your earliest convenience.

I would like your comments and suggestions on the following aspects of the questionnaire:

a Were the questions clear and easily understood?

Yes ( ) No ( )

If not, please identify which ones and why.
Please write on the questionnaire itself if you wish.

b. Approximately how long did the questionnaire take to complete?
_____ minutes

c. Please specify any suggestions you may have for further questions.

d. Other comments.

Thank you in advance for your cooperation.

Yours truly,

Cheryl Barabash-Pope, R.N.

Appendix E

Covering Letter

EVALUATION OF THE UNIVERSITY OF ALBERTA HOSPITALS NURSING REFRESHER PROGRAM

June, 1989

Dear Graduate of the Nursing Refresher Program:

I am a student in the Masters in Adult and Higher Education Program at the University of Alberta. As a topic for my thesis, I have chosen to conduct an evaluation of the curriculum of the University of Alberta Hospitals Nursing Refresher Program.

The purpose of this follow-up study is to obtain information to assist in future program improvements. The study will assist in determining if the Nursing Refresher Program was valuable in assisting students to meet their professional and personal learning needs. Students who are presently completing the program, former students and instructors who teach in the program will be asked to participate in the study. Both questionnaires and a limited number of interviews will be used to provide the required information.

Since a formal evaluation of the program has not been done to date, the information will provide valuable input for future program planning, as well as assist me in completing the research component for my Masters degree. The questionnaire will require approximately 30 minutes of your time to complete.

Please fill out the enclosed questionnaire and return it in the enclosed stamped self-addressed envelope by July 3, 1989. All questionnaires will be received by an independent research assistant who will ensure that no one affiliated with the hospital can identify the participants. Each questionnaire is numbered only to aid in follow-up procedures to increase the response rate. Only the information you and your instructors provide will be used in the study. Every effort will be made to ensure your anonymity and confidentiality. All data will be grouped together and your responses will not be able to be individually identified. The code numbers are randomly assigned by the research assistant and are necessary for statistical analyses but will in no way be associated with individuals in the final research report.

You are under no obligation to participate in this study. You may also chose to complete only a portion of the questionnaire or interview should you volunteer to participate in one.

Copies of the completed study will be available at the following libraries: Nursing Education and Research, University of Alberta Hospitals; Herbert Coutts Education Library, University of Alberta, and the Alberta Association of Registered Nurses.

Thank you in advance for your time and participation in this study. Please feel free to contact me at (403) 430-6867 if you have any questions or require assistance. Please return the questionnaire in the enclosed envelope by July 3, 1989.

Sincerely,

Cheryl Barabash-Pope

Appendix F
Reminder Letter

University of Alberta Hospitals
Nursing Refresher Program Evaluation

June 8, 1989

Dear Graduate of the Nursing Refresher Program:

This letter is a reminder requesting you to complete the evaluation of the Nursing Refresher Program as soon as possible. In the event that you have lost or misplaced the questionnaire, I have enclosed a new questionnaire and a self-addressed stamped envelope for you to return the questionnaire to me. If you have already completed and sent the questionnaire, please disregard this letter.

As a former student in the refresher program your assistance in completing this questionnaire is extremely valuable. The purpose of this follow-up study is two-fold. Firstly, your input will greatly assist me in completing the research component of my thesis. Secondly, as only one of two remaining nursing refresher programs in Alberta, the University Hospitals Nursing Refresher Program is in danger of being terminated. Completion of the questionnaire will provide valuable input for administrators and program planners in ascertaining the viability of continuing the program and/or assist in the improvement of the program should it continue.

If you have any questions about the study or the questionnaire, please do not hesitate to call me collect at (403) 430-6867. I look forward to receiving your completed questionnaire and thank you for your assistance in the completion of this follow-up research study. If you have already participated, thank you for your interest and commitment to excellence in nursing practice.

Sincerely,

Cheryl Barabash-Pope
R.N., BScN.

Appendix G
Informed Consent for Interviews

INFORMED CONSENT

PROJECT TITLE: NURSING REFRESHER PROGRAM CURRICULUM EVALUATION

INVESTIGATOR: Cheryl Barabash-Pope, R.N., B.Sc.N.
University of Alberta Hospitals

This is to certify that I , _____ , hereby agree to participate in the research project investigating if the Nursing Refresher Program meets the personal and professional learning needs of the adult who is returning to the nursing profession.

I consent to participate in an interview. I understand that I am free to deny answers to questions I prefer not to answer, and that I can withdraw from the interview and/or study at any time without prejudicing my present or future studies.

I understand that my name will not be disclosed at any time and any record of the interview will be erased at the conclusion of the study.

I understand that the results of the study will be made available to me if I wish (please circle below).

I have been given the opportunity to ask whatever questions I desire and all such questions have been answered to my satisfaction.

I WISH TO BE INFORMED OF THE STUDY RESULTS YES/NO

_____ _____
Signature of Participant **Date**

_____ _____
Witness **Witness'Occupation**

Appendix H
Timeline

Critical Path/Timeline for Evaluative Study of Nursing Refresher Program Curriculum

Week 1 - Thesis Committee Approval

Week 2 - Faculty of Education Ethics Committee review

Week 4 - University of Alberta Hospitals NRSAC review

Week 6 - Pilot Questionnaires and make revisions as indicated

Week 8 - Meeting with students and instructors re: purpose,etc.
Distribute questionnaires to students and instructors
Complete 3-5 interviews (3 students/2 instructors)

Week 11 - Questionnaire reminder letter mailed if necessary

Week 13 - Second reminder letter mailed if necessary

Week 15 - Complete data coding for questionnaires, interviews

Week 17 - Complete data analysis

Week 20 -Complete Discussion and Conclusions sections

Week 24 - Compile all sections of thesis/make revisions

Week 28 - Thesis committee approval

Week 30 - Report to Nursing Education and Research Dept.